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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limite	ed liability comp	oany is: Baldridge-North Nap	les, L.L.C.			·
		oility company is: 11825 M		<u>d, St. Louis, M</u>	<u>O 6313</u>	<u>.1</u>
03/11/04 L04000019109		0019109			·	
3. Date of filing/registration in Florida 4. Document nu		ument numbe	भ			
5. The name of the register Florida Department of		ne registered office address	as shown on t	he records of	the	
•	Kelly Price					
		Name				
	27200 Rivervie	w Center Blvd., Ste.309				
		Address				
	Bonita Springs,	FL 34134 City, State and Zip				
		•				
6. The name and address	of the new regis	tered agent and/or office:				
	NRAI Services,	Inc.				
	10000	Name		ΣS	07	
	2731 Executive	Park Drive, Suite 4		ES	HALL	
	Florida street	address (P.O. Box NOT ac	ceptable)	HASS	<u>ئ</u> ئ	
	Weston	FL 33331		E C	7	Ü
		City, State and Zip		ES.	بو ا	
confirmed that after the cand the business office of liability company, it is he the members of the limite the operating agreement of the confirmed that the operating agreement of the confirmed that a member of tuthor property of the confirmed that the confirm	hange or change the registered a reby confirmed d liability comp of the limited lia ized representative of dge, Manager		et address of t in the case of a e authorized by ed in the articl	the registered a Florida limi y an affirmati les of organiz	office ited ive vot ation o	e of or
and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm NRAI Services, Inc.  (Signature of Resistered Agent)	id accept the ob this document is that the limited	tered agent and agree to ac relative to the proper and ligations of my position as i being filed to merely reflec l liability company has been	registered age ct a change in n notified in w	nt as provide the registere riting of this	d for it d office change	n e 2.

FILING FEE: \$25.00

Sean L. Emerick. Asst. Secretary
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the lim	nited liability comp	oany is: Baldridge-North Naples, I	L.L.C.		
		oility company is: 11825 Manch		.ouis, MO 631	<u>31</u> .
03/11/04		L04000019	109		,
3. Date of filing/registration in Florida 4. I		4. Docume	ent number		
5. The name of the registrorida Department		ne registered office address as sh	hown on the reco	ords of the	
•	Kelly Price				
		Name			
	27200 Riverviev	v Center Blvd., Ste.309			
		Address			
	Bonita Springs,				
		City, State and Zip	:	07 SS	
6. The name and address	ss of the new regist	tered agent and/or office:	į	07 JAN -4 SECRETAR TALLAHASS	•
	NRAI Services, I	nc.		NSS -L	
	2731 Executive F	Name Park Drive, Suite 4	<del></del>	第9 至	E
	Florida street	address (P.O. Box NOT accepta	able)	9: 57 STATE	
	Weston	FL 33331			
		City, State and Zip			
confirmed that after the and the business office liability company, it is the members of the lim the operating agreements.  (Signature it a member of tutt	change or changes of the registered as hereby confirmed to the liability compa t of the limited liab honzed representative of	inized under the laws of the States are made, the Florida street adgent will be identical. Or, in the hat the change(s) was/were authany or as otherwise provided in bility company.	dress of the regi case of a Floric norized by an aff	istered office da limited firmative vot	e of
Menneth R. Baldı (Minted or typed name of sign I hereby accept the approxisi and I am familiar with Chapter 608, F.S. Or, address, I hereby confi NRAI Services, Inc. (Signature of Registered Agent	cointment as registed ons of all statutes in and accept the object the country that the limited	ered agent and agree to act in the relative to the proper and compli- gations of my position as regist being filed to merely reflect a cl liability company has been noti	his capacity. I f lete performanc ered agent as pi hange in the reg fied in writing o	further agree re of my dutie rovided for in gistered office of this change	to e e

**FILING FEE: \$25.00** 

Sean L. Emerick. Asst. Secretary
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)