L04000088203

(Re	equestor's Name)				
, (Ad	ldress)	•			
, (Ad	ldress)				
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
·		Me /			

Office Use Only



400081811134

11/20/06--01038--023 **25.00

2006 NOV 20 P 4: 33
SECRETARY OF STATE
ALL AHASSEF, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations		•
SUB.	JECT: Three LEAVE	CS、	
	(Name of	f Limited Liability Company)	
Dear	Sir or Madam:	•	•
The e	nclosed Registered Agent/Registered	Office Change and fee(s) are	submitted for filing.
Pleas	e return all correspondence concernin	ng this matter to the following:	
	Amy J. Hutchinso	5 <i>P</i>)	
	Thrse Leaves, LLC (Firm/Company)	<u>e</u>	2005 NO SECRE
	377 Gardenia (Address)	Poacl	FILED 2005 NOV 20 P 4: 33 SECRETARY OF STATE TALLAHASSEE, FLORIDA.
	VENKE FL 342 (City/State and Zip Code)	193	#: 33
For fi	urther information concerning this ma	atter, please call:	
	(Name of Person)	at (<u>94/</u>) <u> </u>	2192 Daytime Telephone Number)
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRI Registration Section Division of Corpora P.O. Box 6327 Tallahassee, Florida	tions .
	Enclosed is a check for the follow	ing amount:	
	\$25 Filing Fee	\$55 Filing Fee &	Certified Copy

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 limited liability company is:	Nree LEAU	ES, LLC		
2. The mailing address of the limited liability company	is: <u>377</u>	Garden	a k	20ad
VENICE, Florida 34293				
12/3/04	L 04 (88000	203	;
3. Date of filing/registration in Florida	4. Documer			
5. The name of the registered agent and the registered of Florida Department of State:			ords of	the
Michael R. Name	Hutchinso/	<u> </u>		
377 band	nia Road	<u> </u>		
Addres Venice FL City, State a	s 34293			
		SEC	199	
6. The name and address of the new registered agent and	_	RET AHA	2006 NOV 20 P 4: 33	# U
Amy J. H. 377 Garde	utdninson	ARY SSE	20	
3?? GArde	nia Road		U	
Florida street address (P.O.	Box NOT accepta	able) LOH	Æ	
VENICE, FL City, State and	34293	ETARY OF STATE HASSEE, FLORIDA	\mathcal{U}	
City, State and	1 Zip			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the change of the members of the limited liability company or as of or the operating agreement of the limited liability company or the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company or as of the limited	ne laws of the State Florida street adentical. Or, in the e(s) was/were auth therwise provided any.	te of Florida, it ldress of the reg e case of a Flori horized by an at I in the articles	is here istered da limi ffirmati of orga	by office ited ive vote nization
Mehacl R Hutchinson				
(Printed or typed name of signee)				
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp (Signature of Registered Agent)	d agree to act in t proper and compo position as regist merely reflect a cl any has been noti	this capacity. I lete performant tered agent as p hange in the re fied in writing (further ze of m provided gistered of this d	· agree to y duties, d for in d office change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00