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SECRETARY OF STATE
AHASSEE ELOBOA

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Park Shore of Naples, LLC. (Name of Li	imited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to the following:
Rebekah Nett	
(Name of Person)	
Westview Law Center, PLC	
(Firm/Company)	
1350 South Frontage Road	
(Address)	
Hastings, MN 55033	
(City/State and Zip Code)	··········
For further information concerning this matte	er, please call:
Rebekah Nett	at (651) 437-1818
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	g 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:	Park Shore of Naples, LLC.			
2. The mailing address of the limited liability company is : 1350 South Frontage Road				
Hastings, MN 55033				
12/28/2004	L0500001419			
3. Date of filing/registration in Florida	4. Document number			
5. The name of the registered agent and the registered Department of State:	istered office address as shown on the re	ecords of the		
David A Lawrence				
	Name			
6620 Estero Blvd				
	Address	AHO 6		
Fort Myers Beach, F		字形 马 ,		
City	, State and Zip	ASA TA		
6. The name and address of the new registered a	agent and/or office:	FILED 06 OCT -5 PH 12: 44 SECRETARY OF STATE TALLAHASSEE, FLORID		
Mary Anne Baker		, FE SI		
	Name			
6620 Estero Blvd		AE F		
Florida street addres	ss (P.O. Box NOT acceptable)			
Fort Myers Beach	FL 33931	_		
City,	State and Zip			
If the limited liability company is not organized confirmed that after the change or changes are rand the business office of the registered agent whiability company, it is hereby confirmed that the office the members of the limited liability company or the operating agreement of the limited liability.	made, the Florida street address of the re vill be identical. Or, in the case of a Flo he change(s) was/were authorized by an y or as otherwise provided in the articles	egistered office orida limited affirmative vote		
(Signature of a member or authorized representative of a partial	her)			
(Signature of a memoer of audionized repressymine of				
Charles A. Schwarzhoff	<u>, </u>			
(Printed or typed name of signee)		7.0		
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address. I hereby confirm that the limited liability (Signature of Registered Agent)	agent and agree to act in this capacity, we to the proper and complete performan ns of my position as registered agent as filed to merely reflect a change in the rity company has been notified in writing	I further agree to nce of my duties, provided for in egistered office of this change.		
(Biguarare of Registered Agent)				

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