## LU5000014862

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>+</del> #)
PICK-UP	WAIT	MAIL
. (Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
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DIVISION OF SHELL PROPERTY OF THE PROP





ACCOUNT NO. : 072100000032

REFERENCE: 709500 4321919

AUTHORIZATION

COST LIMIT

ORDER DATE : January 11, 2007

ORDER TIME : 11:21 AM

ORDER NO. : 709500-295

CUSTOMER NO: 4321919

CHANGE OF AGENT

NAME: NR INLET BEACH, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace -- EXT# 2928

EXAMINER: \_\_\_\_\_

## \*\* 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	d liability company i	S: NR INLET BE	EACH, LLC		
2. The mailing address of	the limited liability	company is:			
3800 Corporate Woods Drive,	Suite 100, Birmingham,	AL 35242			
February 11, 2005			L05000014862		
3. Date of filing/registration in Florida		4. Document number			
5. The name of the register Florida Department of S	red agent and the reg State:	gistered office a	ddress as show	n on the records of the	
	Ş	Scott B. Barloga			
		Name		7 FG 9	
	22	0 McKenzie Avenue		FE S	
		Address		- 20 2	
Panama City, FL 32401					
		y, State and Zip		- SEX 29 M	
6. The name and address of	of the new registered	agent and/or of	fice:	OF SI	
Corporation Service Company					
	12	Name 201 Hays Street		P	
Florida street address (P.O. Box NOT acceptable)					
	Tallahassee	FL	32301		
,	City	, State and Zip			
If the limited liability comconfirmed that after the chand the business office of liability company, it is her of the members of the lim or the operating agreemen (Signature of a member or authorized)	lange or changes are the registered agent beby confirmed that the little liability compart of the limited liabil	made, the Flori will be identical the change(s) wany or as otherwill ity company.	da street addre l. Or, in the ca as/were authori	ss of the registered office	
Jack Fiorella III, Sole Manager	•				
(Printed or typed name of signee)					
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	// //-		ee to act in this r and complete on as registere v reflect a chan as been notified	capacity. I further agree to performance of my duties, d agent as provided for in age in the registered office I in writing of this change.	
(Signature of Registered Agent)	K- Value Ass				
· - 2 3 5 N	menene K. vannoy, Ass	a. viderresident			

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