## L05000022568

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SECRETARY OF STATE FALLAHASSEE, FLORID

## CFRA, LLC

## REGISTERED AGENT SERVICES A SUBSIDIARY OF CARLTON FIELDS

Corporate Center Three at International Plaza 4221 W. Boy Scout Blvd, 10<sup>th</sup> Floor Tampa, Florida 33607-5736 Mailing Address:
P. O. Box 3239
Tampa, Florida 33601-3239
Tel (813) 223-7000 Fax (813) 229-4133

July 24, 2007

Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re: CHANGE OF REGISTERED AGENT - NPI FOR CENTRAL FLORIDA, LLC

Dear Sir:

On behalf of Decubellis, Meeks & Uncapher, P.A., please find enclosed a Statement of Change of Registered Agent form for NPI for Central Florida, LLC. Also enclosed is Carlton Fields' Check No. 423238 in the amount of \$25.00 for the filing fee.

Very Truly Yours, Jaxe J. Butcleo

Joyce F. Bentubo

Secretary

JFB/jab Enclosures

## 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 limit	ed liability compar	ny is: NPI FOR CENTRAL FLORID	A, LLC
2. The mailing address o	f the limited liabil	ity company is : 8320 GREEN E	BAY COURT
ORLANDO, FL 32819			
03/07/2005 L05000022568			
3. Date of filing/registrat	tion in Florida	4. Documen	t number
5. The name of the regist Florida Department of	ered agent and the State:	registered office address as sho	own on the records of the
, <b>.</b>	DECUBELLIS,	MEEKS & UNCAPHER, P.	<u>A.</u>
	007 N CARLAN	Name	·
	837 N. GARLAN	Address	<del>,</del>
ORLANDO, FL 32801			
		City, State and Zip	TASE 93
6. The name and address	of the new registe	ered agent and/or office:	FILED 7 JUL 26 AM II: 13 ALLAHASSEE, FLORIDI ALLAHASSEE, FLORIDI
	JOSEPH W. W.	ALTERS	FILED IL 26 AP AHASSEE
		Name	E S
8320 GREEN BAY COURT			三
	riorida sireet ac	ddress (P.O. Box NOT acceptal	
•	ORLANDO	FL 32819	
	C	City, State and Zip	
confirmed that after the cand the business office of liability company, it is he	change or changes of the registered age reby confirmed the mited liability compton of the limited li	nized under the laws of the State are made, the Florida street addent will be identical. Or, in the lat the change(s) was/were authopany or as otherwise provided ability company.	lress of the registered office case of a Florida limited orized by an affirmative vote
JOSEPH W. WALTERS			
(Printed or typed name of signee			
I hereby accept the appo comply with the provision and I am familiar with an chapter 608, F.S. On if address, I hereby confirm	intment as registens of all statutes re nd accept the obligation of accept the obligation of the control of the	red agent and agree to act in the elative to the proper and completed in the proper and completed in the gations of my position as registed in the filed to merely reflect a child in the company has been notified.	iis capacity. I further agree to ete performance of my duties, ered agent as provided for in ange in the registered office ied in writing of this change.
(Signature of Registered Agent)	$\sim$ $\wedge$		

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