## 1.05000033861

(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	☐ MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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SECRETARY OF STATE ALL AHASSEE, FLORID.

J. BRYAN

AUG - 8 2011

**EXAMINER** 

## **COVER LETTER**

TO:	ro: Registration Section Division of Corporations					
SUBJ	ECT:	NN	HOLDING Name of Limited	S LLC d Liability Company		-
Dear S	Sir or Madam:					
The e	nclosed Registe	red Agent	t/Registered Office (	Change and fee(s) are submitte	d for filing.	
Please	e return all corre	espondenc	ce concerning this m	natter to the following:		
<del></del>	RAJA	Name of Pe	ELURI Nerson	N.D.		
<del></del>		Firm/Comp	pany		SEI SEI	
	•			PL STE 200	11 AUG -5 PH 2: 30 SECRETARY OF STATE ALLAHASSEE, FLORIDA	FILE
	SARA	ity/State and	FL 347	Z <del>59</del>	2: 31 STATI	
		_	2~ exot i		06	
For fu	urther informati	on concer	ning this matter, ple	ease call:		
	Raja Name o	Val of Person	lur, M.D. at (	741) 376 6500 Area Code & Daytime Teleph	one Number	_
	STREET/CO Registration S Division of Co Clifton Buildin 2661 Executiv Tallahassee, F	ection orporations ng re Center C	ircle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	·	
	Enclosed is a	a check fo	or the following am	ount:		
	\$25 Filing	Fee		\$55 Filing Fee & Certific	ed 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. Name of the limited liability company: Name of the limited liability company	Holdinas LLL.
2. (a) Principal office address of limited liability compan	y:
(Note: MUST BE STREET ADDRESS)	2100 S. Tami ami Tr. ste 200 sarasota FL 34239
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	same
8/2/2011 3. Date of filing/registration in Florida	1. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Amanda Weaver
Registered Office Address:	2100 S. Tamiami tv. STE200 Sarasota FL 34239
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW</u> Registered Agent: <u>NEW Registered Office Address:</u> (MUST BE FLORIDA STREET ADDRESS)	Carly Taranto 2100 S. Tamiami tr. STE 200 Sarasota FL 34239 ,FL
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be identiability company, it is hereby confirmed that the change (so the thembers of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member.  Printed or typed name of signee.  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the provisions of the obligations of my process of the obligations of the provisions of the obligations	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization by.