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05 AUG -8 PM 4: 20 SECRETARY OF STATE ALLAHASSEE, FLORINA





UCC FILING & SEARCH SERVICES, INC. 526 East Park Avenue
Tallahassee, Florida 32301
(850) 681-6528

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August 8, 2005

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

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Bonita Riverwalk, LLC					空气 艺
Filing Evidence ☑ Plain/Confirmation Copy	7	. .		Type of Docume Certificate of Sta	
□ Certified Copy				Certificate of Go	od Standing
				Articles Only	,
Retrieval Request Photocopy Certified Copy				All Charter Docu Articles & Amen Fictitious Name (dments
NEW FILINGS		AMENDMENTS			
Profit	_	Amendment			
Non Profit		Resignation of RA	\ Of	ficer/Director	
Limited Liability	X	Change of Registe	ered	Agent	
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Other		Merger			
OTHER FILINGS		REGISTRATION	/Qt	JALIFICATION	
Annual Reports		Foreign			
Fictitious Name		Limited Liability			
Name Reservation		Reinstatement			
Reinstatement		Trademark			
		Other			

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.

ugo, o. oom,	0 0) 1 10 (1012.		
1. The name of the limite	ed liability company is:	Bonita Riverwalk, LLC	
2. The mailing address of			
27524 Hickory Bouleva	ard, Bonita Springs,	Florida 34134	
4/15/05		L0500003716	7
3. Date of filing/registrat	ion in Florida	4. Document nui	mber
5. The name of the register Florida Department of	ered agent and the regis	stered office address as shown	on the records of the
i fortai Doparanom of	Schryver, Paul C.		75 G
	4450 Bonita Beach	Name Rd. #6	on the records of the OS AUG -8 PH 4: 20
	Bonita Springs, FL		ASSER
	City,	State and Zip	To F
6. The name and address	of the new registered a	gent and/or office:	選2
	Novatt, Jeff M.		
	821 Fifth Avenue S	Name outh, Suite 201	
	Florida street address	s (P.O. Box NOT acceptable)	
	Naples	FL 34102	
	City, S	tate and Zip	
confirmed that after the cl and the business office of liability company, it is her	nange or changes are me the registered agent with the confirmed that the d liability company or	under the laws of the State of F ade, the Florida street address ill be identical. Or, in the case change(s) was/were authorized as otherwise provided in the ar ompany.	of the registered office of a Florida limited I by an affirmative vote of
(Signature of a member or authori	zed representative of a member	er)	
Jeff M. Novatt, Esq., A			
(Printed or typed name of signee)			- -
		gent and agree to act in this ca to the proper and complete pe s of my position as registered a lied to merely reflect a change y company has been notified in	pacity. I further agree to informance of my duties, igent as provided for in in the registered office writing of this change.
(Signatur of Registered Agent)			
Divisio	n of Cornerations Pi	O Roy 6327 Tollahassee FL	32314

INHS18(10/99)

FILING FEE: \$25.00