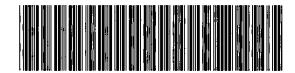
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(Re	equestor's Name)				
(Ac	ldress)				
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☐ PICĶ-UP	☐ WAIT	MAIL.			
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Special Instructions to Filing Officer:					





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SECRETARY OF STATE

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COVER LETTER

Division of	of Corporations				
SUBJECT:	5524	19th Cou	+ SW	ile	Million of the second of the s
	(Name of Limit	ed Liability	Company)	
Dear Sir or Mada	ım:				
The enclosed Reg	gistered Agent/Re	egistered Office	e Change and	fee(s) are submitted f	for filing.
Please return all o	correspondence c	oncerning this	matter to the	following:	
	•	Ü		_	
Λ1 -	· 1 h				
- Abig	(Name of Perso	on)			
				•	
	(Firm/Company				
	(Firm/Compan)	y)			•
27606	Wiscon.	sin 5t.			Same of the same o
	(Address)				To D
\mathcal{R}_{\bullet}	1. Ca.	. ~ 20	1125		2001 SEP 18 SECRETARY
Doni	La Springs (City/State and Elp	Code)	7.33		TE P
					1.1 ii. ii.
For further inform	nation concerning	g this matter, p	lease call:		E. FLOOR
Λι.	* 1 - let		2-4	ally acad	器 高 云
HD,ga	n. Walke. Name of Person)	at	(<u>239</u>) (Ar	948-78 78 rea Code & Daytime T	elephone Number)
(-			V		,
	COURIER ADD	RESS:		ING ADDRESS:	
Registration Division o	on Section of Corporations		Registration Section Division of Corporations		
Clifton Bu	ilding		P.O. Box 6327		
	cutive Center Circle æ, Florida 32301	e	Tallahassee, Florida 32314		
Enclosed	is a check for th	he following a	nount:	·	
∑ \$25 Fi		g	_	iling Fee & Certified	Сору
,					
INHS18 (8/05)					

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.

ugora, or bond, in the State by I tortain.
1. The name of the limited liability company is: 5524 19th Court SW, LLC.
2. The mailing address of the limited liability company is: 3590 23RD AVE, SW
Naples, F2 34117.
A
Hori 15, 2005 3. Date of filing/registration in Florida LO50000 37174 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Jonathan H. Green + Assoc
Jonathan H. Green + Assoc Name 799 Brickell Plaza Ste 700 Address
Address Miami, FL 33/3/ City, State and Zip
City, State and Zip
6. The name and address of the new registered agent and/or office: Gary Wilson Porter, Wr. gld. Morris + Arthur Name Stol Pelican Bay Blvd. Ste 300 Florida street address (P.O. Box NOT acceptable) Name City, State and Zip If the limited liability company is not organized under the laws of the State of Florida, it is hereby:
confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)
Ellsworth E. M. Intyre (Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 618, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby confirm that the limited liability company has been notified in writing of this change. (Stempline of Registered Agent)

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