105000037435

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



COVER LETTER

Division of Corporations	
SUBJECT: 5325 Hunt	er Blvd. LUC
(Name of	Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concernin	g this matter to the following:
Abigail Walker (Name of Person)	
(Firm/Company) 27606 WISCONSIN S (Address) Bonita Springs, F-L (City/State and Zip Code)	777
For further information concerning this ma	
Abigail Walker (Name of Person)	at (<u>239</u>) <u>948-78 78</u> (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	ing amount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
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.

1. The name of the limited liability company is:	Hunter Blvd., LLC
2. The mailing address of the limited liability company is: _	•
	Naples, FL 34/17.
3. Date of filing/registration in Florida	Naples, FL 34/17 L050000 37435
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered office: Florida Department of State:	
Jone Han H. Green Name 799 Brickell Plaza Address Miami FL 331 City, State and Zi	Sk 700
City, State and Zi	p
6. The name and address of the new registered agent and/or of Gary Wilson Forter Wright Mossis + Name 580 Pelican Bay B/ Florida street address (P.O. Box I) Na ples FL 3 City, State and Zip	Arthur SECRETARY OF STAT NOT acceptable) 4108
If the limited liability company is not organized under the law confirmed that after the change or changes are made, the Flor and the business office of the registered agent will be identicalliability company, it is hereby confirmed that the change(s) wo of the members of the limited liability company or as otherwor 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 agr comply with the provisions of all statutes relative to the propand I am familiar with and accept the obligations of my posit Chapter 608, F.S. Or if this document is being filed to mere address I hereby confirm that the limited liability company has a supplied to the company of the comp	ree to act in this capacity. I further agree to er and complete performance of my duties, ion as registered agent as provided for in ly reflect a change in the registered office ias been notified in writing of this change.

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