## L0500038391

| (Re                       | questor's Name)   |           |
|---------------------------|-------------------|-----------|
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| (Cit                      | y/State/Zip/Phone | #)        |
| PICK-UP                   | MAIT              | MAIL      |
| (Bu                       | siness Entity Nam | е)        |
| (Do                       | cument Number)    | M         |
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SECRETARY OF STATE
ALLAHASSEE, FLORID

## **COVER LETTER**

|               | sion of Corporations                     |  |  |  |  |
|---------------|--|--|--|--|--|
| SUBJECT:      | Waterview Realty Group, LI               |  |  |  |  |
|               | (Name of L                               | imited Liability Company)                          |  |  |  |
|               |  |  |  |  |  |
| Dear Sir or I | Madam:                                   |  |  |  |  |
| The enclosed  | d Registered Agent/Registered C          | office Change and fee(s) are submitted for filing. |  |  |  |
| Please return | all correspondence concerning            | this matter to the following:                      |  |  |  |
|               |  |  |  |  |  |
| G. Alan Ho    | oward, Esq.                              |  |  |  |  |
|               | (Name of Person)                         | <del></del>  |  |  |  |
|               |  |  |  |  |  |
| Milam Hov     | vard Nicandri Dees & Gillan              | n, P.A.  |  |  |  |
|               | (Firm/Company)                           |  |  |  |  |
| 445 45        | 011                                      |  |  |  |  |
| 14 East Ba    | (Address)                                |  |  |  |  |
|               | (riddiess)                               |  |  |  |  |
| Jacksonville  | e, FL 32202                              |  |  |  |  |
|               | (City/State and Zip Code)                |  |  |  |  |
|               |  |  |  |  |  |
| For further i | nformation concerning this matt          | er, please call:                                   |  |  |  |
|               |  |  |  |  |  |
| G. Alan Ho    | ward                                     | at (904 ) 357-3660                                 |  |  |  |
|               | (Name of Person)                         | (Area Code & Daytime Telephone Number)             |  |  |  |
|               |  |  |  |  |  |
|               | STREET/COURIER ADDRESS: MAILING ADDRESS: |  |  |  |  |
|               | stration Section                         | Registration Section                               |  |  |  |
|               | sion of Corporations on Building         | Division of Corporations P.O. Box 6327             |  |  |  |
|               | Executive Center Circle                  | Tallahassee, Florida 32314                         |  |  |  |
|               | hassee, Florida 32301                    | ,  |  |  |  |
| Encl          | losed is a check for the following       | ng amount:   |  |  |  |
| □\$2          | 25 Filing Fee                            | \$55 Filing Fee & Certified 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. The name of the limited liab   | oility company is: V   | Naterview Rea  | alty Group, LLC  |   |   |   | <u> </u>                                |
|---|--|--|--|---|---|---|---|
| 2. The mailing address of the l   | imited liability comp  | pany is :  |  |   |   |   |   |
| 790 Briarcreek Road, Jacksonville   | e, FL 32225  |  |  |   |   |   |   |
| 4/19/05   |  | 1  | L05000038391   |   |   |   |   |
| 3. Date of filing/registration in Florida   |  | 2  | 4. Document nun  | nber  |   |   |   |
| 5. The name of the registered a Florida Department of State:  | gent and the register  | red office a   | ddress as shown o  | on the rec  | ords o  | of the  |   |
| Mila  | m Howard Nicano  |  | Gillam, P.A.   |   |   |   |   |
| ***   |  | Name   |  |   |   |   |   |
| 208   | North Laura Street,  |  |  |   |   |   |   |
| Address  Jacksonville, FL 32202   |  |  |  | :   | Z<br>S}   | 90  |   |
| City, State and Zip   |  |  |  | ļ   | LA<br>CER                                       | AUG   |   |
| 6. The name and address of the new registered agent and/or office:  |  |  |  | ;   | CRETARY OF STATE                                | 919   | CUPITAL P                               |
| Mila  | m Howard Nicandr   | ri Dees & G  | Sillam, P.A.   |   | EG.   | <del>7</del>                                    |   |
|   |  | ame  |  |   | ES  | AM II:  |   |
| <del></del>   | ast Bay Street   |  |  |   |   | : 56  | C. Land                                 |
| Flo   | rida street address (l   | P.O. Box N   | OT acceptable)   |   | Ā   | ٥.  |   |
| Jack  | sonville   | FL 32202   |  |   |   |   |   |
|   | City, Stat   | ite and Zip  |  |   |   |   |   |
| If the limited liability company confirmed that after the change and the business office of the reliability company, it is hereby of the members of the limited or the original particular of a member or authorized reports. | or changes are madegistered agent will<br>confirmed that the cliability company of<br>he limited liability c                   | de, the Flori<br>be identica<br>change(s) wa<br>has otherwi<br>company.    | da street address<br>l. Or, in the case<br>as/were authorize   | of the reg<br>of a Flor<br>d by an a                          | gistere<br>ida lin<br>ıffirma                   | ed offi<br>nited<br>ative v                     | ote                                     |
| G. Alan Howard (Assistant Sec   | r <del>etary)-</del>   |  |  |   |   |   |   |
| (Printed or typed name of signee)   |  |  |  |   |   |   |   |
| I hereby accept the appointme comply with the provisions of a and amfingiliar with dud acc Chapter 406, F. J. Or, if this address, I hereby confirm that (Signature of Registered Agent)                                      | nt as registered age.<br>ill statules relative to<br>ept the obligations o<br>ocument is being file<br>the limited liability o | ent and agre<br>to the prope<br>of my positi<br>ed to merely<br>company ho | ee to act in this ca<br>r and complete po<br>on as registered o<br>y reflect a change<br>as been notified in | pacity. I<br>erforman<br>agent as p<br>in the re<br>a writing | furth<br>ce of i<br>provid<br>gister<br>of this | er agn<br>my du<br>led foi<br>red off<br>s char | ree to<br>ties,<br>r in<br>fice<br>ige. |

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