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TAILLAHASSEE FLORIDA

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COVER LETTER

Division of Corporations		
SUBJECT: Nita Enterprises, LLC (Name of	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filin	g.
Please return all correspondence concerning	g this matter to the following:	
Curtis Cassner		
(Name of Person)		
Curtis Cassner PA (Firm/Company)		
2664 Airport Road South		07 I
(Address)	<u>—</u>	AE CB
Naples FL 34112		O7 FEB 15 AM IO: I
(City/State and Zip Code)		
For further information concerning this may	tter, please call:	
Curtis Cassner	at (239) 354-5620	
(Name of Person)	(Area Code & Daytime Telephor	ie 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)

TO: Registration Section

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: 1	Nita Enterprises ,LLC	.
2. The mailing address of the limited liability com	npany is: 113 Stanhope Circle	
Naples FL 34104		
04/21/05	L05000039011	
3. Date of filing/registration in Florida	4. Document number	-
5. The name of the registered agent and the registe Florida Department of State:	ared office address as shown on the	records of the
Curtis B Cassner		
	Vame	ŧ
2390 Tamiami Tr No	orth Suite 204	
A	ddress	•
Naples FL 34103		
City, St	tate and Zip	· ·
6. The name and address of the new registered age	ent and/or office:	07 FEB SECREI
Curtis Cass ≵ ner Re	egistered Agent, LLC_	金田 発生
	ame	
2664 Airport Road S	South	· · · · · · · · · · · · · · · · · · ·
Florida street address (P.O. Box NOT acceptable)	OF STA
<u>Naples</u>	FL 34112	
City, Sta	te and Zip	7

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)

N/COLAC N/TA

(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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608 F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I herebylconfirm that the limited liability company has been notified in writing of this change.

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

(Signature of Registered Agent)