L05000055605

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	:y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nar	ne)
Ф	cument Number)	
Certified Copies		
Special Instructions to	Filing Officer:	





500060244135

10/06/05--01012--029 **35.08



J. BRYMM OCT 1 0 2005

LAW OFFICES

Case & Muffler

LIMITED LIABILITY PARTNERSHIP

SUITE IOZ 2810 EAST OAKLAND PARK BOULEVARD FORT LAUDERDALE, FLORIDA 33306

JAMES L. CASE*
STEPHEN C. MUFFLER, LL.M,
*ALSO MEMBER MICHIGAN BAR

(954) 563-1000 FAX (954) 565-2047 WEB SITE: www.floridaciosings.com

October 3, 2005

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: NuRIVER 1018, LLC - Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

Dear Sir/Madame:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company, together with a check in the amount of \$35.00, which represents payment of your fee for same.

Sincerely,

JAMES L. CASE, P.A.

Katie Osborne Legal Assistant

/klo encs.

G:\KATIE\Corp\Sec of State - Statemt of Chnge.ltr

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 limite	d liability company is:	NuRiver 1018, LLC	
		pany is : 1444 NE 1st Avenu	ue, Fort Lauderdale,
Florida 33304	,		
June 6, 2005		L05000055605	
3. Date of filing/registrati	on in Florida	4. Document number	er
5. The name of the registe Florida Department of S	State: Florida is Filings, Inc.		the records of the
	3732 NW 16th Street	lame	
	Fort Lauderdale, FL 3	ddress 33311 ate and Zip	2005 OCT -6 PH 3: 09 2005 OCT -6 PH 3: 09 2005 OCT -6 PH 3: 09
6. The name and address o	of the new registered ager	nt and/or office:	哥二十
	Joseph Markonic		SSET SSET
	Na 1444 NE 1st Avenue	me	M 3:1
•	Florida street address ()	P.O. Box NOT acceptable)	RID 09
	Fort Lauderdale	FL 33304	D.C.
	City, Star	e and Zip	
confirmed that after the chand the business office of	ange or changes are mad the registered agent will eby confirmed that the classification or as fithe limited liability com	der the laws of the State of Flore, the Florida street address of the identical. Or, in the case of lange(s) was/were authorized botherwise provided in the articlepany.	the registered office a Florida limited
Joseph Markonic			
(Printed or typed name of signee)			
I hereby accept the appoint comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, thereby confirm (Signature of Registered Agent)	ntment as registered ages of all statutes relative to a cept the obligations of a comment is being file that the limited liability of the comment is the comment of the com	nt and agree to act in this capa o the proper and complete perfo of my position as registered age nd to merely reflect a change in company has been notified in w	city. I further agree to ormance of my duties, ent as provided for in the registered office riting of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

FILING FEE: \$25.00