L05 0000 60756

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Coples	Certificates	s of Status		
Special Instructions to Filing Officer:				

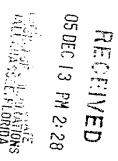
Office Use Only



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UCC Filing & Search Services, Inc.

1574 Village Square Boulevard, Suite 100 Tallahassee, Florida 32309 (850) 681-6528 HOLD FOR PICKUP BY UCC SERVICES OFFICE USE ONLY

December 13, 2005

SERVICES	C	CORPORATIO	N NAME (S) AND DOCUMENT NUMBER (S):
Cherokee Partners LLC	***************************************		
Filing Evidence ☑ Plain/Confirmatio	n Copy		Type of Document Certificate of Status Certificate of Good Standing Articles Only
□ Certified Copy			□ Certificate of Good Standing
			☐ Articles Only
Retrieval Reque	<u>st</u>		 □ All Charter Documents to Include Articles & Amendments □ Fictitious Name Certificate
□ Certified Copy			□ Other
NEW FILINGS		AMENDME	NTS
Profit		Amendment	
Non Profit		Resignation of	of RA Officer/Director
Limited Liability	X	Change of Re	egistered Agent
Domestication		Dissolution/V	Vithdrawal
Other		Merger	
OTHER FILINGS		REGISTRAT	TION/QUALIFICATION
Annual Reports		Foreign	
Fictitious Name		Limited Liability	
Name Reservation		Reinstatement	
Reinstatement		Trademark	

Other

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 th	e limited liability company is:	CHEROKEE PARTNERS LLC
2. The mailing ad	dress of the limited liability con	mpany is: 6320 Trail Blvd., Naples, Florida 34108
06/17/05		L DEDOODSTES
	egistration in Florida	L05000060758 4. Document number
5. The name of the Florida Departs	c registored agent and the regist	cred office address as shown on the records of the
1	Salvatori & Wood	P.L. Den Son
; ;	4001 North Tamian	Name ni Trail, Suite 330 Address 103 State and Zip ent and/or office:
		Address
	Naples, Florida 341	103 Fig. 3
	•	State and Zip
6. The name and a	ddress of the new registered ag	ent and/or office:
	Kate Kraska	Y Y
	N 6320 Trail Blvd.	ame
	Florida street address	(P.O. Box NOT acceptable)
	Naples	FL 34108
	City, St	ate and Zip
confirmed that after and the business of liability company, of the members of or the operating ag	or the change or changes are manifice of the registered agent will it is hereby confirmed that the content the limited liability company or reement of the limited liability of the liability	nder the laws of the State of Florida, it is hereby de, the Florida street address of the registered office be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote a so otherwise provided in the articles of organization company.
Signature of a member	or authorized topresentative of a member)	
Jeff M. Novatt, E	isq., Authorized Represents	ative
I hereby accept the comply with the proyect of a might be completed to the complete of the com	e appointment as registered age ovisions of all statutes relative to the and accept the obligations of all this document is being fill on fire that the limited liability and the limited liability.	ent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, of my position as registered agent as provided for in ed to merely reflect a change in the registered office company has been notified in writing of this change.
Signature of Registered	Agant) KATE KRASKA	_
Y	Division of Corporations, P.O.	Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18 (8/05)