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SECRETARY OF STATE
TAIL AHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	•	
SUBJECT: NL PROPERTY INVESTMENT (Name of Limit	S, LLC ted Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Diana D. Carli (Name of Person)		
Law Offices of Diana D. Carli, PA	. <u></u>	
(Firm/Company)		
4012 Commons Drive West, Ste 104		
(Address)		
Destin, FL 32541		
(City/State and Zip Code)	 	
For further information concerning this matter, p	please call:	
Diana D. Carliat	(850) 337-1370	
(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 a	mount:	
\$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.	
 The name of the limited liability company is: The mailing address of the limited liability co 	ompany is : 4421 Commons Drive East #330, Destin, FL 32541
07/28/05	L05000074304
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the regis Florida Department of State:	stered office address as shown on the records of the
Mario R. Leurinda	
Destin, FL 32541	Address TALLY
City, 6. The name and address of the new registered as	Continue
4012 (cmmoi Florida street address	Name No Drive West Ste 104 = 5 s (P.O. Box NOT acceptable) FL 3254/ State and Zip
confirmed that after the change or changes are mand the business office of the registered agent wiliability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability (Signature of a member or authorized representative of a member of the limited liability (Printed or typed name of signee)	inder the laws of the State of Florida, it is hereby nade, the Florida street address of the registered office ill be identical. Or, in the case of a Florida limited e change(s) was/were authorized by an affirmative vote or as otherwise provided in the articles of organization y company.
(Signature of Registered Agent)	

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

Diana D. Carli