	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PłCK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:
	L. SELLERS
	SEP - 9·2010

EXAMINER

Office Use Only



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09/03/10--01006--004 **25.00

COVER LETTER

TO: Registration Section Division of Corporation	ns	
SUBJECT:	DIVINE EQUITY PROPERTIES LLC Name of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agen	t/Registered Office Change and fee(s) are submitted for filing.	
Please return all correspondence	ce concerning this matter to the following:	
MCINTYRE, BARTON		
Name of P	erson	
DIVINE EQUITY P		
Firm/Comp	pany	
114785 COL	LIER BLVD	
Address		
NAPLES, I	FL 34119	
City/State and		
revmci@nicaea E-mail address: (to be used for futu	academy.com ure annual report notification)	
For further information concer	ning this matter, please call:	
BARTON MCINTY	'RE at (239) 289 2476	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER AI	DDRESS: MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center C Tallahassee, Florida 3230	,	
Enclosed is a check fo	r the following amount:	
\$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.

Name of the limited liability company:	NE EQUITY PROPERTIES LLC
2. (a) Principal office address of limited liability compar	ny: THE KRESS BUILDING, SUITE 20
_[✓] (<u>Note: MUST BE STREET ADDRESS</u>)	475 CENTRAL AVENUE ST PETERSBURG FL 33701
(b) Mailing address of limited liability company:	THE KRESS BUILDING, SUITE 202
(Note: MAY BE POST OFFICE BOX)	475 CENTRAL AVENUE ST PETERSBURG FL 33701
06/24/2010	L05000095206
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:
Registered Agent:	NONE
Registered Office Address:	NONE
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent:	EW Registered Office address: BARTON MCINTYRE
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	14785 COLLIER BLVD
(MOST BE TEORIDA STREET ADDRESS)	NAPLES ,FL34119
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member BARTON MCINTYRE	\mathbf{r}_{1}
Printed or typed name of signee I hereby accept the appointment as registered agent and	712
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my parties to be address. It is so comment is being filed to maddress, I hereby confirm that the limited liability compa	proper and complete performance of my duties, proper and complete performance of my duties, position as registered agent as provided for in a nerely reflect a change in the registered office my has been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.O. Box 6 FILING FEE:	