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DENIS KLEINFELD ADMITTED TORIDA & ILLINOIS RESIDENT VIRGIN ISLANDS

MIAMI - ATTORNEYS

CARL H. LINDER - JD. LLM SALVADOR C. OROFINO - JD STEFANIE A. BLACK - JD. LLM KARL E. ROSENFFLD - JD



OF COUNSEL ALWIN TAMOSIUS LONDON, UK

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SUNTRUST INTERNATIONAL CENTER
ONE SE THIRD AVENUE + SUITE 1940 + MIAMI, FLORIDA 33131
TEL: 305.375.9515 + FAX: 305.358.6541

September 18, 2006

Via Federal Express

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Nicnat Investments, LLC

To Whom It May Concern:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company along with check No. 2914 in the amount of Twenty-Five dollars (\$25.00) for filing fees.

Should you have any questions, please do not hesitate to contact our office. Thank you.

Very truly yours,

Kari Rosenfeld, Esq.

Kom Rosefuld

For the Firm

Enclosure

COVER LETTER

Division of Corporations		
SUBJECT: NICNAT INVESTMENT (Name of	TS, LLC Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered (Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Kari E. Rosenfeld, Esq.		
(Name of Person)		
The Kleinfeld Law Firm		
(Firm/Company)		
One Southeast Third Ave., Suite	1940	
(Address)	•	
Miami, Florida 33131		
(City/State and Zip Code)		
For further information concerning this matt	ter, please call:	
Kari E. Rosenfeld, Esq.	at (305) 375-9515	
(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	ng amount:	
✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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.

agent, or both, in the state of 1 tortaa.		
1. The name of the limited liability company is	: NICNAT INVESTMENTS, LLC	
2. The mailing address of the limited liability co	ompany is : 1800 Marina Circle	, North Ft. Myers, FL
33903		
November 2, 2005	L05000106656	
3. Date of filing/registration in Florida	4. Document number	
5. The name of the registered agent and the registered agent age		n the records of the
CorpDirect Ager	Nis, Inc.	
515 East Park Av		
	Address	
Tallahassee, FL 3		O6 SEC
City,	, State and Zip	
6. The name and address of the new registered a	igent and/or office:	FILED SEP 20 PM 12: 25 CRETARY OF STATE LAHASSEE, FLORID
Mr. Daniel Kelly		PM 12: 25 1 OF STATE EE, FLORIDA
Name		21.6 21.6 21.6
1800 Marina Circle Florida street address (P.O. Box NOT acceptable)		85 25
Florida street addres	is (P.O. Box NOT acceptable)	1
North Ft. Myers	FL 33903	
City, S	State and Zip	
If the limited liability company is not organized confirmed that after the change or changes are n and the business office of the registered agent w liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability company or the limite	nade, the Florida street address of vill be identical. Or, in the case of e change(s) was/were authorized y or as otherwise provided in the ty company.	f the registered office of a Florida limited
Kari E. Rosenfeld, Esq		
(Printed or typed name of signee)		
I hereby accept the appointment as registered a comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 508, F.S. Or, if this accument is being address, I hereby confirm that the limited liabili	gent and agree to act in this cape to the proper and complete per is of my position as registered ag filed to merely reflect a change if ty company has been notified in t	acity. I further agree to formance of my duties, yent as provided for in the registered office writing of this change.

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

(Signatule of Registered Agent)