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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	·		
SUBJECT: Devon Island, LLC (Name of	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:		
April Else			
(Name of Person)			
The 1031 Exchange Experts, LLC (Firm/Company)			
8101 E. Prentice Ave., Ste. 400			
(Address)			
Greenwood Village, CO 80111			
(City/State and Zip Code)			
For further information concerning this man	tter, please call:		
April Else	at (303) 694-0204		
(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 followi	ng amount:		
	\$55 Filing Fee & Certified Copy		

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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:	Devon Island, LL	.c		
2. The mailing address of	the limited liability cor	mpany is :			
8101 E. Prentice Ave., Ste.	400, Greenwood Village,	, CO 80111			
November 22, 2005		LC	05000112671		
3. Date of filing/registration	on in Florida		Document number		
5. The name of the register Florida Department of S	ered agent and the registe State:	tered office add	lress as shown on the re	cords o	f the
	Nace Cohen		-		
		Name			
	287 Burnt Pine Dr.	A 11			
	Naples, FL 34119	Address			
	•	State and Zip		0	DIV.
6. The name and address of the new registered agent and/or office:			ce:	06 NOV 27	SECRE
Eugene Fleisher				27	F ILI TARY OF CO
	N 4041 Gulfshore Blvd. N	lame N, Bldg Savoy	#203	PH 12: 18	ED Y OF STATE ORPORATIONS
	Florida street address	(P.O. Box NO	T acceptable)	8	FATE ATION
	Naples, FL 34103	FL			co.
	City, Sta	ate and Zip			
If the limited liability come confirmed that after the chand the business office of liability company, it is her of the members of the limited or the operating agreement.	lange or changes are ma the registered agent will be confirmed that the	ade, the Florida Il be identical. change(s) was/	street address of the re Or, in the case of a Flor were authorized by an a	gistered rida lim affirmat	l office ited ive vote
(Signature of a member or authori	zed representative of a member)	-)			
Michael Eloranto (Printed or typed name of signee)					
I hereby accept the appoi comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered age s of all statutes relative d accept the obligation his document is being fil that the limited liability	ent and agree to the proper of of my position led to merely rocompany has	to act in this capacity. Ind complete performan as registered agent as j eflect a change in the re been notified in writing	I further ice of m provide gistere of this	r agree to ly duties, d for in d office change.

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