L06000017928

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

Office Use Only



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B. KOHR
MAY 1 0 2011
EXAMINER

SEGRETARY OF STATE DIVISION OF CORPORATION

COVER LETTER

10.	Division of Corpor					1
SUBJ	ЕСТ:	Naples Harb				7
		Name of Lim	nited	Liability Cor	npany	
Dear S	Sir or Madam:					
The er	nclosed Registered A	gent/Registered Offi	ice C	hange and fe	e(s) are submitted for filing	ţ.
Please	return all correspon	dence concerning thi	is ma	tter to the fol	lowing:	
,						
		/ Nichols, Esquire of Person		<u>_</u>		
		ry Nichols, P.A.				
		e Parkway, #205 dress	·			
		ers, FL 33919 and Zip Code				
E-	jonf@mai	rinaclubsfl.com or future annual report notifi	ication)		
For fu	rther information cor	ncerning this matter,	pleas	e call:		
	James Larry N		t (239_)	433-1305	
	Name of Person			Area Cod	e & Daytime Telephone Number	
	STREET/COURIE	R ADDRESS:			ADDRESS:	
Registration Section Division of Corporations Olifton Building			Registration Section			
			Division of Corporations P.O. Box 6327			
	Clifton Building 2661 Executive Center	ar Cirola			, Florida 32314	
	Tallahassee, Florida			i allallassee	, 1 lottda 92514	
	Enclosed is a check	k for the following a	ımou	nt:		
[✓ \$25 Filing Fee		Γ	\$55 Filing	g 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.

1. Name of the limited liability company: Naple	s Harbour Development, L.L.C.				
2. (a) Principal office address of limited liability compan	y: 1500 Colonial Boulevard, #103				
(Note: MUST BE STREET ADDRESS)	Fort Myers, FL 33907				
(b) Mailing address of limited liability company:	1500 Colonial Boulevard, #103				
(Note: MAY BE POST OFFICE BOX)	Fort Myers, FL 33907				
2/17/06	L06000017928				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
Registered Agent:	CFRA.LLC				
Registered Office Address:	4221 West Boy Scout Boulevare #10005 Tampa, FL 33607				
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> : NEW Registered Office Address:	James Larry Nichols, Esquire				
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8191 College Parkway, #205 Fort Myers ,I-L33919				
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	laws of the State of Florida, it is hereby				
Jon Finstrom Printed or typed name of signee	_				
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the praid and I am familiar with and accept the obligations of my particular to the process of the companies of th	igree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in trely reflect a change in the registered office y has been notified in writing of this change.				

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

INHS18 (05/08)