L06000018629

(Re	equestor's Name			
(Ac	ldress)			
(Ac	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	es of Status		
Special Instructions to Filing Officer:				
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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: NEXUS ORLANDO REAL ESTAT (Name of Limited	E GROUP, LLC Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this man	tter to the following:	
CASIE TRUNER (Name of Person)		
NEXUS ORLANDO REAL ESTATE GROUP (Firm/Company)	, LLC	
1508 E. CONCORD STREET		
(Address)		
ORLANDO, FL 32803		
(City/State and Zip Code)		
For further information concerning this matter, pleas	se call:	
J. CHRISTIAN MANALLI at (31	2 ₎ 782-1850	
(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 amou	int:	
	☐ \$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.

3	•			
1. The name of the limit	ted liability company is: _!	NEXUS ORLANDO REAL ESTATE GRO	UP, LLC	
2. The mailing address	of the limited liability com	npany is : 1508 E. CONCORD STRE	ET, ORLANDO, FL 3 <u>2</u> 803	
FEBRUARY 21, 2006		L06000018629	,	
3. Date of filing/registration in Florida		4. Document number		
5. The name of the regis Florida Department of	f State:	ered office address as shown on the	records of the	
	TURNER, CASSIE	N		
	2295 S. HIAWASEE R	Name OAD	p	
		ddress	90 Sind	
	ORLANDO, FL 32835		SECR NO	
	City, S	tate and Zip	SECRETAR IVISION OF C	
6. The name and address	s of the new registered age	ent and/or office:	7 COP	
,	A.G.C. Co.		Y OF STATE CORPORATIONS	
	Na	ame	ATE ATIO	
		S, SUNTRUST CENTER, SUITE 2300	ω Σ	
	Florida street address ((P.O. Box NOT acceptable)		
	ORLANDO,	FL 32801		
	City, Sta	ite and Zip		
confirmed that after the and the business office of liability company, it is hof the members of the lior the operating agreerate.	change or changes are made of the registered agent will be reby confirmed that the climited liability company of the limited liability of the liability of the limited liability of the limited liability of the liabilit	nder the laws of the State of Florida de, the Florida street address of the be identical. Or, in the case of a F change(s) was/were authorized by a r as otherwise provided in the artic company.	registered office	
(Signature of a member of author	orized representative of a member)			
CASSIE TURNER, MAN	AGER			
(Printed or typed name of signe	•			
I hereby accept the application of the comply with the provision and I am familiar with a Chapter 608, F.S. Or, is address, I hereby confin (Signature of Registered Agent)	~ HINT	ent and agree to act in this capacity to the proper and complete perform of my position as registered agent ed to merely reflect a change in the company has been notified in writi	y. I further agree to nance of my duties, as provided for in e registered office ing of this change.	
Divisi		Box 6327, Tallahassee, FL 3231	14	

FILING FEE: \$25.00