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(Re	questor's Name)	
(Ad	dress)	
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(Au	uress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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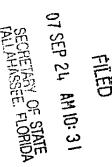
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Real Estate Investmen			
(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	this matter to the following:		
	ES SE		
	空		
Jack B. Owen, Jr.	TANK OF STATE		
(Name of Person)	Fig.		
	A ST		
Jack B. Owen, Jr., P.A.			
(Firm/Company)			
4500 PGA Boulevard, Suite 304B			
(Address)			
Palm Beach Gardens, Florida 33418			
(City/State and Zip Code)			
For further information concerning this matt	er, please call:		
Jack B. Owen, Jr.	at (561) 622-4521		
(Name of Person)	(Area Code & Daytime Telephone Number)		
	•		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following	ng 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.

1. The name of the limited	l liability company	is: <u>Real</u>	Estate Inv	estments of	Naples, LLC .
2. The mailing address of	the limited liabilit	y company is	s: 4500 PGA	Boulevard,	Suite 304B .
Palm Beach Gardens	, Florida 3341	18			
1		· · · · · · · · · · · · · · · · · · ·			<u> </u>
March 3, 2006	·	-		00023324	
3. Date of filing/registration	on in Florida		4. Docum	nent number	
5. The name of the register Florida Department of S		egistered off	ice address as	shown on the re	ecords of the
	Jack B. Owe				
		Name			
	4500 PGA Bo		Suite 304B		0,
	Palm Beach	Address	Blorida 334	.18	ESS SI
		ity, State and			
C 77h		• •	•		. 强 2
6. The name and address o	t the new registers	ed agent and/	or omce:		
	James S. He	aigler. II	ı .		OT SEP 24 AM 10: 31 SECRETARY OF STATE TAILLAHASSEE, FLORIE
•	•	Name			· 発 · い
-	121 Regatts	Drive		·	夏雨 一
	Florida street add	lress (P.O. B	ox NOT accep	otable)	· .
	Jupiter	FL	33477		-
	Cit	y, State and	Zip		
If the limited liability com confirmed that after the ch and the business office of t liability company, it is her of the members of the lim or the operating agreement	ange or changes ar the registered agen eby confirmed that ited liability comp of the limited liab	re made, the lat will be ident the change(any or as other companies of the companies of th	Florida street a itical. Or, in t s) was/were au	address of the n he case of a Flo uthorized by an	egistered office orida limited affirmative vote
(Signature of a member or authorize	жи тертезеникиче от а п	emoer)		•	
Jack B. Owen, Jr.					
(Printed or typed name of signee)					
I hereby accept the appoint comply with the provisions and I am familiar with and Chapter 608, K.S. Or, if the address, I bereby confirm a second of the confirm of Registerd Agent Fames S. Halfgler, I	ntment as registere of all statutes related the obligation of the obligation of the limited liable.	ed agent and alive to the p tions of my p ing filed to m bility compai	agree to act in roper and com osition as regi erely reflect a ny has been no	n this capacity. Splete performa Stered agent as change in the r otified in writing	I further agree to nice of my duties, provided for in registered office g of this change.

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