

Electronic Filing Menu

Corporate Filing Menu

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J. BRYAN

KAMINER

1/25/12 12:02 PM

1 of 1



INHS18 (05/08)

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 Florida.	
1. Name of the limited liability company:	CNU BLUE 2, LLC
2. (a) Principal office address of limited liability comp	pany: 7200 CORPORATE
(<u>Note: MUST BE STREET ADDRESS</u>)	CENTER DRIVE_SUITE 600
(b) Mailing address of limited liability company:	7200 CORPORATE
(Note: MAY BE POST OFFICE BOX)	CENTER DRIVE, SUITE 600
04/27/2006	L06000044342 FR
. Date of filing/registration in Florida	4. Document number
. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State
Registered Agent:	NRAI SERVICES, INC.
Registered Office Address:	515 E. PARK AVE
NEW Registered Agent:	Corporate Creations Network Inc.
<u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: (<u>MUST BE FLORIDA STREET ADDRESS</u>)	Corporate Creations Network Inc.
(MCGA BETECKIDA STREET ADDRESS)	Paim Beach Gardens FL 33410
if the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id iability company, it is hereby confirmed that the change of the members of the limited liability company or as of an the proceeding agreement of the limited liability comp in the proceeding agreement of the limited liability comp ignature of a member or authorited appresentative of a member	he laws of the State of Florida. it is hereby e Florida street address of the registered office lentical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative vote therwise provided in the articles of organization any.
RICHARD O'PFENNIGER, JR., Manager	
hereby accept the appointment as resistered agent an omply with the provisions of all statutes relative to the of I am familiar with and accept the ofligations of my money 608 T.S. Or if this socument is being filed to the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the source of the so	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in inerely reflect a change in the registered office pany has been notified in writing of this change.
LAUXALT / X	Special Secretary

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