

WL6 000055042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

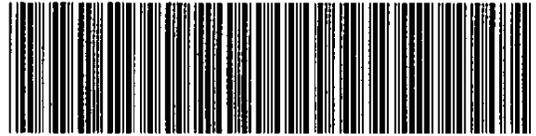
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/30/09--01011--025 \*\*25.00

2009 MAR 30 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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T. CLINE  
MAR 31 2009  
EXAMINER



National Registered Agents, Inc.  
11600 College Boulevard  
Suite 210  
Overland Park, KS 66210  
800.550.6724  
Fax 913.851.0713

March 24, 2009

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RECEIVED  
MAR 25 2009  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RE: Viceroy F303, LLC  
Change of Registered Office and Registered Agent

Dear Sir/Madam,

For the purposes of changing the registered office and registered agent of the above captioned, Viceroy F303, LLC, please find enclosed, in duplicate, a Statement of Change of Registered Office or Registered Agent accompanied by our check in the amount of \$25.00.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed envelope.

Thank you in advance for your cooperation in this matter.

Sincerely,

Matt Thompson  
National Registered Agents, Inc.

Enclosure - Check

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Viceroy F303, 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 this matter to the following:

Matt Thompson  
(Name of Person)

National Registered Agents, Inc.  
(Firm/Company)

11600 College Boulevard, Suite 210  
(Address)

Overland Park, KS 66210  
(City/State and Zip Code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Matt Thompson at ( 800 ) 550-6724  
(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 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 liability company is: Viceroy F303, LLC

2. The mailing address of the limited liability company is : 9060 SW 67th Avenue

Pinecrest, FL 33156-1710 US

05/26/2006

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3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

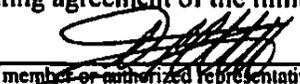
CFRA, LLC  
Name  
4221 W. Boy Scout Blvd., 10th Floor  
Address  
Tampa, FL 33607-5736 US  
City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.  
Name  
2731 Executive Park Drive, Suite 4  
Florida street address (P.O. Box NOT acceptable)  
Weston FL 33331  
City, State and Zip

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TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

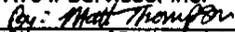
  
(Signature of a member or authorized representative of a member)

FREDY DELLIS

(Printed or typed name of signer)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

NRAI Services, Inc.

By: 

(Signature of Registered Agent)

Matt Thompson Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00