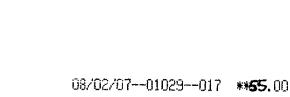
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(Re	equestor's Name)	·
(Ad	ldress)	
, (Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: NAUTICA REALTY GROUP, 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:		
TERRI M. MOORE  (Name of Person)		
NAUTICA REALTY GROUP, LLC (Firm/Company)		
1909 S. BABCOCK STREET (Address)		
MELBURNE, FL. 32901 (City/State and Zip Code)		
For further information concerning this matter, please call:		
TERE! MOORE at (321) 403-5470  (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 & 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.

agent, or both, in the State of Florida.	
1. The name of the limited liability company is:	NAUTICA REACTY GROUP, LLC
2. The mailing address of the limited liability co	ompany is : <u>1909 S. BABCOCK STREE</u> T
2/21/2007	207000019730
3. Date of filing/registration in Florida	4. Document number
Florida Department of State:	stered office address as shown on the records of the
ANIARI	Name
490 S	Name SAIL LN., 401B Address TSLAND, FL 32953 State and Zip  PROPERTY.
11500, -	Address Signature of the state
	Address  TSLAND, FL 32953  State and Zip  Address
6. The name and address of the new registered a	
TERRI	N. MOORE 2: ORNA
1000 5 0	Name  ABCOCK STREET
Florida street addres	S (P.O. Box NOT acceptable)
	•
_//JEL_BOURNE	7, FL 3290 / State and Zip
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 r and the business office of the registered agent w liability company, it is hereby confirmed that the of the members of the limited liability company or the operating agreement of the limited liability	raide, the florida street address of the registered office will be identical. Or, in the case of a Florida limited e change(s) was/were authorized by an affirmative vote y or as otherwise provided in the articles of organization ty company.
(Signature of a member or authorized representative of a member	per)
Donald J. Sourlock, A (Printed or typed name of signee)	Manager
I hereby accept the appointment as registered comply with the provisions of all statutes relative and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address? I hereby confirm that the limited liabil.  (Signature of Registerer Agent)	agent and agree to act in this capacity. I further agree to be to the proper and complete performance of my duties, as of my position as registered agent as provided for in filed to merely reflect a change in the registered office ity company has been notified in writing of this change.
(o.P.min. or scotionards (reports)	

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