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(Requestor's Name)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: A Prettier Place, 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:		
Karen Mazzara Name of Person	<del></del>	
A Prettier Place, LLC Firm/Company		
105 Osprey Ridge Way		
Ponte Vedra Beach, FL 320 City/State and Zip Code	082	
A Prettier Place a got Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please	e call:	
Karen Mazzara at (	104 373 0676  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.

agent, or both, in the State of Florida.		
1. Name of the limited liability company: A Pro-	ther Place, LLC	
2. (a) Principal office address of limited liability company:		
(Note: MUST BE STREET ADDRESS)	105 Osprey Ridge Way Ponte Vedra Beach, Fr 32080	
(b) Mailing address of limited liability company:		
(Note: MAY BE POST OFFICE BOX)	105 osprey Ridge Way Ponte Vedra Beach, FL 38082	
Tune H, 2007  3. Date of filing/registration in Florida	1_070∞05893H 4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	Agents and Obsparations, lax.	
Registered Office Address:	300 Fifth Avenue Starth Ste. 101-330 Fr m TI Naples, FL 34100 -	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Agent:	Beatrice Mozzara	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Ponte Vedra Brach, FL 38087	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization	
Signature of a member or authorized representative of a member	_	
Karen Mazzara  Printed or typed name of signee	<del></del>	
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y has been notified in writing of this change.	

Signature of Registered Agent

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