## L08000002022

(Re	equestor's Name)	,
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE DIVISION OF CORPORATION

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TO: Registration Section Division of Corporations NTT Realty, LLC SUBJECT: 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: James R. Tolzien Name of Person Sunbelt Diversified Enterprises, LLC Firm/Company 1221 Brickell Avenue, Suite 2660 Miami, Florida 33131 City/State and Zip Code itolzien@sunbeltde.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James R. Tolzien 786 Area Code & Daytime Telephone Number Name of Person 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 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$25 Filing Fee \$55 Filing Fee & Certified Copy

COVER LETTER

## 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.

Name of the limited liability company:	NTT Realty, LLC
2. (a) Principal office address of limited liability company	
(Note: MUST BE STREET ADDRESS)	Naples, Florida 34102
(b) Mailing address of limited liability company:	1221 Brickell Avenue, Suite 2660
(Note: MAY BE POST OFFICE BOX)	Miami, Florida 33131
January 7, 2008	L08000002022
	4. Document number
5. (a) Registered Agent and Registered Office shown on the Registered Agent:	he records of the Florida Dept. of State  CorpDirect Agents, Inc.
Registered Office Address:	515 East Park Avenue Tallahassee, Florida 32301
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	V Registered Office address:  James R. Tolzien
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Sunbelt Diversified Enterprises, LLC 1221 Brickell Avenue, Suite 2660 Miami ,FL 33131
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Floand the business office of the registered agent will be identiliability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as otherworthe operating agreement of the limited liability company.	orida street address of the registered office
Signature of member or authorized representative of a member  James R. Tolzien  Printed or typed name of signee	
I hereby accept the appointment as registered agent and ag comply with the provisions of all statutes relative to the pro and I am familiar with and accept the obligations of my pos Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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

Signature of Registered Agent