## LUXUV030251

(Re	questor's Name)	•
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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## **COVER LETTER**

Division of Corporations	
SUBJECT: LAZARETTE HOL Name of Limited	DINGS LLC
Name of Limited	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office O	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this management	atter to the following:
CARL BRAMUST SK Name of Person	atter to the following:  Alexander 120 PH 3: 14
Firm/Company	· ·
436 QUAY ASSISI	
NEW SMTRMA BEACH, FL 3 City/State and Zip Code	2169
E-mail address: (to be used for future annual report notification	on) ·
For further information concerning this matter, plea	ase call:
CARC BRANCET JR at (	407) 920-3751  Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS:
Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following amo	ount:
\$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:	NETTE HOLPINGS LLC
2. (a) Principal office address of limited liability company	y: 436 DUAT ASSUS
(Note: MUST BE STREET ADDRESS)	NEW EMTRNA ISCH F-
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	TO COLOR TO
3/21/2008	L08000039954
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Deptrof State:
Registered Agent:	CARL W. BRANTET JR
Registered Office Address:	50 OCEAN (NONT OR KET LARGO, FL 3303)
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> :	W Registered Office address:  CARL BRANCET JK
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	436 QUAT ASSISI NEW SMYRNA BEASK FL32169
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 identicability 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 rwise provided in the articles of organization
CARL W. BRANCET JN Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pra and 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	igree 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