

LD8000112462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED  
11 DEC 12 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan DEC 13 2011

**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. Name of the limited liability company: COVE PARK LLC

2. (a) Principal office address of limited liability company: 700 AUGUSTA BLVD.

**(Note: MUST BE STREET ADDRESS)**

UNIT # G-101  
NAPLES, FL 34113

(b) Mailing address of limited liability company: 700 AUGUSTA BLVD.

**(Note: MAY BE POST OFFICE BOX)**

UNIT # G-101  
NAPLES, FL

12/09/2008  
3. Date of filing/registration in Florida

L08000112462  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: NAPLES-LAWDOCK  
Registered Office Address: 1395 PANTHER LANE  
SUITE 300  
NAPLES, FL

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** NRAI Services, Inc.  
**NEW Registered Office Address:** 515 East Park Avenue  
**(MUST BE FLORIDA STREET ADDRESS)** Tallahassee, FL 32301

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.

Beverly C. McGookey  
Signature of a member or authorized representative of a member

Beverly C. McGookey

Printed or typed name of signee

*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]  
Signature of Registered Agent Laura Lightholder, Assistant Secretary

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