

L080VV116393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

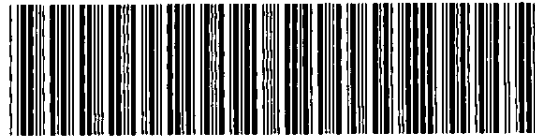
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JUL - 7 2011

EXAMINER



400208930594

07/08/11--01001--006 **25.00

RECEIVED
11 JUL - 7 PM 3:13
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
11 JUL - 7 PM 4:18
SECRETARY OF STATE
DIVISION OF CORPORATIONS

NRAI CORPORATE SERVICES f/k/a CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL -7 PM 4:18

CONTACT: MICHELE HOLDEN

DATE: 07/07/2011

REF. #: 000076.150910

CORP. NAME: ISLES OF BELLALAGO LAND, LLC

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input checked="" type="checkbox"/> OTHER: CHANGE OF REGISTERED AGENT | | |

STATE FEES PREPAID WITH CHECK# 540533 **FOR \$** 25.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL -7 PM 4:18

1. Name of the limited liability company: ISLES OF BELLALAGO LAND, LLC

2. (a) Principal office address of limited liability company: _____

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

201 ALHAMBRA CIRCLE, 12TH FL
CORAL GABLES FL 33134 US

(b) Mailing address of limited liability company: _____

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

201 ALHAMBRA CIRCLE, 12TH FL
CORAL GABLES FL 33134 US

12/23/2008 3. Date of filing/registration in Florida
L08000116393 4. Document number

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

Registered Agent: KERRIGAN, JUANITA I

Registered Office Address: 201 ALHAMBRA CIRCLE 12TH FL
CORAL GABLES FL 33134 US

(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.

Patricia K. Fletcher
Signature of a member or authorized representative of a member

PATRICIA K. FLETCHER, AUTHORIZED REP
Printed or typed name of signer

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.

by: NRAI Services Inc.
Signature of Registered Agent

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