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LLC REGISTERED AGENT CHANGE WREN'S NEST, LLC

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DEC 7 2011

**EXAMINER** 

## COVER LETTER

TO: Registration Section

PLATS - 17/16/2010 C.N. System Critine

SUBJECT: WREN'S NEST, LLC	
Name of Lin	nited Liability Company
Dear Sir or Madam;	
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing
Please return all correspondence concerning th	is matter to the following:
Elaine Ringer	
Name of Person	<del></del>
WREN'S NEST, LLC	
Pinn/Company	
415 ROBINHOOD DR	
Address	
IRVING TX 75061	
City/State and Zip Code	
eluine, ringer@vorizon.net	
E-mail address: (to be used for future annual report not	(lication)
• • • • • • • • • • • • • • • • • • • •	
	, please call:
For further information concerning this matter	•
For further information concerning this matter	nt ( <sup>214</sup> ) <sup>282-2529</sup>
For further information concerning this matter	214 202 2520
For further information concerning this matter  Blaine Ringer  Name of Person  STREET/COURTER ADDRESS:	int ( 214 ) 282-2529  Area Code & Dayrine Tetaphone Number  MAILING ADDRESS:
For further information concerning this matter  Blaine Ringer  Name of Person  STREET/COURTER ADDRESS: Registration Section	Area Code & Daytine Tetaphone Number  MAILING ADDRESS: Registration Section
For further information concerning this matter  Blaine Ringer  Name of Porson  STREET/COURTER ADDRESS: Registration Section Division of Corporations	Area Code & Daytine Tetaphone Number  MAILING ADDRESS: Registration Section Division of Corporations
For further information concerning this matter  Blaine Ringer  Name of Person  STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building	Area Code & Daytime Tetaphone Number  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
For further information concerning this matter  Blaine Ringer  Name of Person  STREET/COURTER ADDRESS: Registration Section Division of Corporations	Area Code & Daytine Tetaphone Number  MAILING ADDRESS: Registration Section Division of Corporations
For further information concerning this matter  Blaine Ringer  Name of Person  STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	nt (214 ) 282-2529  Area Code & Daytime Tetaphone Number  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## 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: WREN'S NES	T, LLC	1/	MFY	
2. (a) Principal office address of limited liability compa		705 1575155 / LUCHT 1 5 1		
(Note: MUST BE STREET ADDRESS)	NAPLES FL 34108 US			
(b) Mailing address of limited liability company:	•	415 ROBINHOOD D	R	
(Note: MAY BE POST OFFICE BOX)	IRVING TX 75061			
01/02/2009		1,09000000580		
3. Date of filing/registration in Plorida		4. Document number on the records of the Florida Dept. of State:		
5. (a) Registered Agent and Registered Office shown	on the rec	cords of the Florida D	ept. of Saic:	
Registered Agent:	NAPLES-LAWDOCK, INC.		ASS	
Registered Office Address:	1395 PANTHER LANE SUITE 300		E300 FG	
14051514144 011140 /1441455	NAPLES FL 34109 US		70.	
<u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)	C T Corporation System  1200 South Pine Island Road			
	Plantation		,FL_33324	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be id liability company, it is hereby confirmed that the chang of the members of the limited liability company or as of or the operating agreement of the limited liability company.  **Company Company Company of a member of a member of a member of a member of a member.	e Florida Ientical.	street address of the Or, in the case of a F	registered office lorida limited	
Elaine Ringer				
Printed or typed name of signee				
I hereby accept the appointment as registered agent a comply with the provisions of all statules relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this accument is being filed to address, I hereby confirm that the limited liability compared to the compare	nd agree e proper y position merely i pany has	to get in this capacity und complete perforh as registered agent reflect a change in thi been notified in writt	i. I further agree t lance of my duties, as provided for in, e registered office ing of this change.	
Signature of Registered Agent Rucca Barch				

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

INHS18 (05/08)

FL015 - 11/16/2010 C T System Online