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(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
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SECKETARY OF STATE
ALLAHASSEE, FLORID

D. BRUCE

JUL 2 0 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations				Ž			
SUBJI	гст. Nau	tilus F	auitv	Grou	ıp, LLC			
SODJI	Name of						_	
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered	Office (Change	and fo	ee(s) are submitted for	filing.		
Please	return all correspondence concernin	g this m	atter to	the fo	ollowing:			
	Robin Menard							
	Name of Person							
	Nautilus Equity Group, LL	.c						
	Firm/Company					5t		
						FS	09 JUL 1.7 PH 3: 05	
	730 SW 4th Street, Suite	3				至四	≧	
	Address	<u> </u>		_		AS	<u> </u>	***
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						<u></u>	7	įΠ
Cape Coral, FL 33991				_		Ę.v	ယ	
	City/State and Zip Code					22 <u>2</u>	. 0	-
						DA A	Ç	
	rmenard@pacificgroup.co	m						
E-t	mail address: (to be used for future annual report	t notificatio	on)					
For fur	ther information concerning this ma	tter, plea	ase call	:				
	Robin Menard	at (_	239	_) _	690-9833			
	Name of Person	(_			ode & Daytime Telephone Nu	mber	_	
	STREET/COURIER ADDRESS:				G ADDRESS:			
				on Section	.=			
				of Corporations	eq_{Dr}	•		
Clifton Building				. Box	034/ Florido 20214	~ & L.		
	2661 Executive Center Circle Tallahassee, Florida 32301		ı ai.	anasse	ee, Florida 32314	0 8 5003		
	Enclosed is a check for the follow	ing amo	ount:					

\$55 Filing Fee & Certified Copy

\$25 Filing Fee

TO:

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:	Nautilus Equity Group, LL	autilus Equity Group, LLC				
2. (a) Principal office address of limited liability cor	npany:					
(Note: MUST BE STREET ADDRESS)	730 SW 4th Street, Suite 3 Cape Coral, FL 33991					
(b) Mailing address of limited liability company:		 				
(Note: MAY BE POST OFFICE BOX)	730 SW 4th Street, Suite 3 Cape Coral, FL 33991	· · · · · · · · · · · · · · · · · · ·				
01/20/2009	L0900006436	3				
3. Date of filing/registration in Florida	4. Document number	•				
5. (a) Registered Agent and Registered Office show	n on the records of the Florida Dept.	. of State:				
Registered Agent:	Vilnis A. Ezerins, Jr.					
Registered Office Address:	13350 Metro Parkway, Suit Fort Myers, FL 33966	302 9				
(b) Enter name of <u>NEW Registered Agent</u> and/o <u>NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	730 SW 4th Street					
(MUST BE FLORIDA STREET ADDRESS)	Suite 3 S Cape Coral	FL33991				
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the char of the members of the limited liability company or as or the operating agreement of the limited liability considerable. Signature of a member or authorized representative of a member	e identical. Or, in the case of a Florid nge(s) was/were authorized by an aff to otherwise provided in the articles of	la limited firmative.vote				
Vilnis A. Ezerins, Jr. Printed or typed name of signee						
I hereby accept the appointment as registered agent comply with the provisions of all statutes relative to t and I am familiar with and accept the obligations of Chapter 608, f. S. Or, if this accument is being filed address, I ferroy-confirm that the limited liability consignature of Registered Agent	and agree to act in this capacity. I fi he proper and complete performance my position as registered agent as pr to merely reflect a change in the regi mpany has been notified in writing of	urther agree to e of my duties, ovided for in istered office f this change.				
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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00