## L09000027965

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## **COVER LETTER**

	gistration Section rision of Corporations		•	
SUBJECT:	Naples Processing Services, LLC			
		Name of Limi	ted Lia	bility Company
Dear Sir or	Madam:			
The enclose	d Registered Agent/Registered (	Office Change	e and fe	ee(s) are submitted for filing.
Please retur	n all correspondence concerning	this matter to	o the fo	llowing:
Jennifer Sch	midt			
	Name of Person			_
Quarles & B	rady, LLP			
	Firm/Company	<u> </u>	<u></u>	_
411 E. Wisc	onsin Avenue, Suite 2400			
	Address	<del></del>		_
Milwaukee,	WI 53202			
	City/State and Zip Cod	e		_
jennifer.schr	midt@quarles.com			
E-mai	l address: (to be used for future	annual report	notifica	ation)
For further	information concerning this mat	ter, please cal	11:	
Jennifer Sch	midt	414 at (	ı	277-5414
	Name of Person	(		Area Code & Daytime Telephone Number
Reg Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	closed is a check for the follow	ing amount:		
⊒ 9	325 Filing Fee		<b>□</b> \$55	Filing Fee & Certified Copy
INHS18 (2/1	4)			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. 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.

2. (a)			(b) _					
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liab (Note: MAY BE POST OF				-	
	75 Vineyards Blvd, 4th Floor		7	5 Viney	ards Blvd, 4tl	h Floor		
	Naples, FL 34119		N	laples, F	FL 34119			
	3/19/2009		_	9 2000	0 27 <b>965</b> 965			
3.	Date of filing/registration in Florida	4,	_		Document	number		
i. (a)								
. ()	Registered Agent and Registered Office shown on the records	of the Flori	ida De	ept. of Sta	ate:			
	Quarles & Brady							
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	(SS)		_			
	1395 Panther Lane, Suite 300	• • •						
	Naples	34109			<del></del>			
	•	- L			<del></del>			
(b)						Z.	202	
` /	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office	addre	<u>55</u> :	_		<u>ب</u>	11
	Registered Agent Solutions, Inc.					TALLAHASSEE, FLORIDA	2024 JUL -3	
	NEW Registered Office Address:				<del></del>	ind ind	P	m
	2894 Remington Green Lane, Suite A					£ľ.	<u> </u>	
	Tallahassee	FL_32308				ORIDA	PH 12: 32	
hange gent v vas/we	imited liability company is not organized under the for changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	he registe liability of s of the li	ered of comp imited	office ar pany, it d liabili	nd the busing is hereby co ity company	ess office of infirmed tha	the reg	gistered ange(s)
hilip	p E. Kaeferle	Pl	hilipp	E. Kaef	erle, Authori	zed Represen	tative	
Signa	ture of a member or authorized representative of a member				Printed or to	sped name of s	ignee	
rovisi he obl o merc	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provic dy reflect a change in the registered office address, I in writing of this change.	gree to a le perfori led for in I hereby	et in manc Cha confi	this cap se of my opter 60, irm that	pacity. I fur duties, and 15, F.S. Or, the limited	ther agree to Lam familio if this docum liability com	comport or with nent is a npany k	ly with the and accep being filed as been
	am Saldana							
Signatu	re of Registered Agent							

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