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(Address)		
(Address)		
(City/State/Zip/Phone #)	
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(Business Entity Name)	
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T. CLINE
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EXAMINER

Law Office of

Elder Law
Estate Planning
Real Estate
Commercial Law
Probate & Guardianship
Disability & Public Benefits

LARRY E. CIESLA

* → □ □ → →

Legal Assistant: Rebecca Michelle Love michellelove@larryciesla-law.com

4400 NW 23rd Avc., Suite A Gainesville, FL 32606 (352) 378-5603 FAX (352) 378-5604 Iciesla@larryciesla-law.com www.larryciesla-law.com

March 28, 2012

Company of Managery St. 11.

<u>Via U.S. Mail</u> Division of Corporations P.O. Box 6198 Tallahassee, Florida 32314

Re: Three (3) Register Agent/Register Office Changes

To Whom It May Concern:

As per your instructions on the Florida Department of Corporations website, I am enclosing the three (3) Cover Letters and Statements of Change of Registered Office or Registered Agent or Both for Limited Liability Company forms, together with three (3) checks in the amount \$25.00 as payment of the filing fee for 3213 BLDG, LLC; NW RENTALS, LLC; and 3000 Rentals, LLC.

Thanking you for your consideration, I am

Very truly yours,

LARRY E./ CIESL*A*

LEC:ml Enclosures

-2 PM 1:

COVER LETTER

TO: Registration Section Division of Corporations	· Je v.			
SUBJECT: 3212 BLDG, LLC				
Name of Limited Li	iability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	er to the following:			
Anno Campholl				
Anne Campbell Name of Person				
Firm/Company				
P.O. Box 12402				
Address	20 (5.2) 20 (5.2)			
Gainesville, Florida 32604				
City/State and Zip Code				
anne@insideoutbodywear.com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please	call:			
Anne Campbell at (35	2) 378-2663			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			

INHS18 (5/08)

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. 1	Name of the limited liability company: 3212 BLI	OG, LLC
2. ((a) Principal office address of limited liability company	2929 NW 13th Street
	(Note: MUST BE STREET ADDRESS)	Gainesville, FL 32609
((b) Mailing address of limited liability company:	P.O. Box 12402
	(Note: MAY BE POST OFFICE BOX)	Gainesville, FL 32604
	05/01/2009	L09000042527
3. I		4. Document number
5.	(a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
	Registered Agent:	Larry E. Ciesla
	Registered Office Address:	4400 NW 23rd Avenue, Ste. A
		Gainesville, FL 32606
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	T-100 (24) A
	NEW Registered Agent:	50 F.
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2929 NW 13th Street: N
	(MOST BE TEORIDA STREET ADDRESS)	Gainesville * FL 32609
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.		
	ature of a member or authorized representative of a member	
_	rry E. Ciesla ted or typed name of signee	
I he com and Cha add	ereby accept the appointment as registered agent and apply with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of my posture to the province of the prov	gree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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