

LD9 000070920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

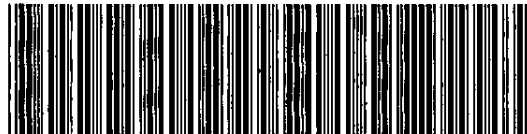
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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LD9-70920  
Change of RA

FILED  
09 DEC 22 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. CAUSSEAU

DEC 23 2009

EXAMINER

N. CAUSSEAU

DEC 23 2009

EXAMINER

**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: Via Vasari, L.L.C.

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



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

c/o A. Quinn Bell, 815 South Main St.  
Jacksonville, Florida 32207

(b) Mailing address of limited liability company: \_\_\_\_\_



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

Same

07/23/2009

3. Date of filing/registration in Florida

L09000070920

4. Document number

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

Registered Agent: Ford, Bowlus, Duss, Kenney, Safer PA

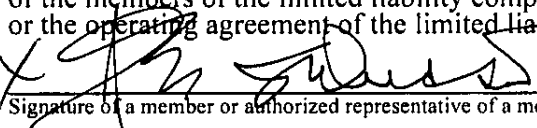
Registered Office Address: 10110 San Jose Boulevard  
Jacksonville, Florida 32257

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:** John S. Duss, IV

**NEW Registered Office Address:** Duss, Kenney, Safer, Hampton & Joos  
**(MUST BE FLORIDA STREET ADDRESS)** 4348 Southpoint Boulevard, Suite 101  
Jacksonville, FL 32216

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.

  
Signature of a member or authorized representative of a member

John S. Duss, IV, Authorized Person

Printed or typed name of signee

*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.*

  
Signature of Registered Agent

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