## 09000103553

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Ph	none #)				
PICK-UP WAIT	MAIL				
(Business Entity	Name)				
(Document Numb	per)				
Certified Copies Certification	ates of Status				
····					
Special Instructions to Filing Officer:					
Special instructions to Filling Officer.					

Office Use Only



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PILED
2012 JAN 27 AM II: 50
SECRETARY OF STATE

J. BRYAN

JAN 30 2012 -

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SUBJ		RE-TN R					
	,			,	<del></del>		
Dear :	Sir or Madam:						
The er Please	prinsed Remistered Ament/Remister return all correspondence concer	red Office ning this n	Chang natter to	n and for the foli	a(s) are submitted fo lowing:	or filing	
	STEVE MANN	<u>.                                    </u>	<u> </u>	_			
	Name of Person						
	MRE-TN REAL ESTATE	, LLC		_		2012 JAN 27 AH II: JO SECRETARY OF STATE TALLAHASSEE, FLORIDA	-17
	Firm/Company					10000000000000000000000000000000000000	<u> </u>
	145 GOVERNORS W	/AY				RY SSEE	FILEU
	Address	7.3.1				OF S	
	•					記当	T N
	BRENTWOOD TN 37	027				Pri C	>
	City/State and Zip Code						
	Matt Cottingham, Attorney	at (	615		224-1290		
	Name of Person	·		Area Code	& Daytime Telephone N	lumber	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	,	Reg Div P.C	gistration vision of ( ), Box 63	Corporations		•
•	Enclosed is a check for the follo	owing amo	unt:				
.[	<b>√</b> \$25 Filing Fee	. • .	<b>\$5</b>	5 Filing	Fee & Certified Co	ору	
WC 187	\$/ <b>\\</b> \$\						

## 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.

Name of the limited liability company: MRE-IN REAL ESTATE, LLC		
2. (a) Principal office address of limited liability compar	ny: 145 GOVERNORS WAY	
(Note: MUST BE STREET ADDRESS)	BRENTWOOD TN 37027	
(b) Mailing address of limited liability company:	145 GOVERNORS WAY	
(Note: MAY BE POST OFFICE BOX)	BRENTWOOD TN 37027	
10/27/2009	L09000103553	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of State:	
Registered Agent:	NRAI SERVICES, INC.	
Registered Office Address:	L09000103553  4. Document number  The records of the Florida Dept. of State:  NRAI SERVICES. INC.  515 E. PARK AVENUE  TALLAHASSEE FL 32301	
•		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>		
NEW Rogistored Agent:	Tim French	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	15625 Front Beach Road Suite 1107	
	Panama City Beach ,FL32413	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florids street address of the registered office	
Steve Mann Printed or typed name of signes	<del>_</del>	
**	agree to get in this canacity. I further cause to	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my processes to the provision of the pro	agree to get in this capacity. I further agree to refer and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office ny 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