

## 109000105968

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EXAMINER

## **COVER LETTER**

**TO:** Registration Section

INHS18 (5/08)

Division of Corporations		
SUBJECT: SLG H	OLDINGS NA, LLC	
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	
DENNIS J SZCZECH Name of Person		
3. 1 5.150.1		
SLG HOLDINGS NA, LLC		
Firm/Company	<b>z.</b> 2	
1073 WILLA SPRINGS DR STE 10 Address	DEST TO THE PROPERTY OF THE PR	
WINTER SPRINGS, FL. 32708 City/State and Zip Code	SECRETARY OF STATIFALLAHASSEE, FLORII	
S.I.J. State and S.I.P. South	ORIG	
dennis@e-slg.com  E-mail address: (to be used for future annual report notifi	cation)	
For further information concerning this matter,	please call:	
DENNIS J SZCZECH	t ( 407 ) 574-2955	
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	

## . . . 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:	SLG HOLDINGS NA, LLC.
2. (a) Principal office address of limited liability compa	nny: 1073 WILLA SPRINGS DR
(Note: MUST BE STREET ADDRESS)	SUITE 1057 WINTER SPRINGS, FL. 32708
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	
11/03/2010	L09000105968
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	LISA L MOORE
Registered Office Address:	1073 WILLA SPRINGS DE SUITE 1057 WINTER SPRINGS, FL. \$208
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent:	EW Registered Office address
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1073 WILLA SPRINGS DESCRIPTION OF SUITE 1073 WINTER SPRINGS ,FL32708
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company at 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  BLAKELY K PLUMLEY	Florida street address of the registered office
Printed or typed/name of signee	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to haddress, Thereby confirm that the limited liability compand	l agree to act in this capacity. I further agree to proper and complete performance of my duties, postion as registered agent as provided for in nerely reflect a change-in-the registered office any has been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.O. Box (FILING FEE:	