(Re	questor's Name)	, , , , , , , , , , , , , , , , , , ,		
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NOB



August 15, 2012

THOMAS W GOLDMAN III 780 FIFTH AVE SOUTH STE 200 NAPLES, FL 34102

SUBJECT: 5101 MARQUIS, LLC Ref. Number: L11000085062

We have received your document for 5101 MARQUIS, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 212A00021022

Gina McLeod Regulatory Specialist II

www.sunbiz.org

COVER LETTER

10.	Division of Corporations		
SUBJ	ECT:	5101 N	Marquis, LLC
	Name	of Limited	Liability Company
Dear S	Sir or Madam:		
The e	nclosed Registered Agent/Register	red Office C	Change and fee(s) are submitted for filing.
Please	return all correspondence concer	ning this ma	atter to the following:
	Thomas W. Goldman	ı <u>, III</u>	
	Goldman International Law Firm/Company	w, PLLC	
	780 Fifth Avenue South, S	uite 200	
	Naples, FL 34102 City/State and Zip Code		
E	goldman.thomas@gma -mail address: (to be used for future annual re	il.com port notificatio	n)
For fu	rther information concerning this	matter, plea	ase call:
	Thomas Goldman	at (239) 961-1899
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Tallahassee, Florida 32301 Enclosed is a check for the following the second se	lowing amo	unt:
	\$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:	5101 Marquis, LLC
2. (a) Principal office address of limited liability company	c: C/O John Nilbrink
(Note: MUST BE STREET ADDRESS)	1100 Biscayne Blvd, #5101 Miami, FL 33132
(b) Mailing address of limited liability company:	C/O John Nilbrink
(Note: MAY BE POST OFFICE BOX)	1100 Biscayne Blvd, #5101 Miami, FL 33132
07/25/2011	L11000085062
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	the records of the Florida Dept. of State:
Registered Agent:	Louis P Archambault, Esq
Registered Office Address:	2 South Biscayne Blvd., Suite 2400 Miami, FL 33131
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> <u>NEW</u> Registered Agent:	W Registered Office address: Thomas W. Goldman, III, Esq.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Goldman International Law, PLLC 780 Fifth Avenue South, Suite 200 Naples ,FL34102
If the limited liability company is not organized under the legistered that after the change or changes are made, the Fl and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) 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 John Nilbrink, Manager Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions of all statutes relative to the product of the provisions of the second lambda field to me address, I hereby confirm that the limited liability company	aws of the State of Florida, it is hereby lorida street address of the resistered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization. SEE FLORIDA OF THE PROVIDED TO
Signature of Registered Agent	

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