## L11000002334

(Re	questor's Name)					
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone	<del></del>				
(Cit	ly/State/Zip/Phone	; <del>+)</del>				
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Nam	ne)				
(Document Number)						
Certified Copies	Certificates	of Status				
Special Instructions to Filing Officer:						
	J					

Office Use Only



700240792567

10/18/12--01009--010 \*\*25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

D. BRUCE

OCT 19 2012

EXAMINER

## COVER LETTER

TO:	Registration Section Division of Corporations				
SUR	JECT:	Chase A Navarre, LLC			
SOD		of Limited Liability Company	_		
Door	Sir or Madam:				
Dear	Sir or Madain.				
The e	enclosed Registered Agent/Registere	d Office Change and fee(s) are submitted for filing.			
Pleas	e return all correspondence concern	ing this matter to the following:			
	Chase A Navarre				
	Name of Person				
	Chase A Navarre LLC				
	Firm/Company	<del>,</del>			
	2600 Via Royale #260	8			
	Address	7	e Eoo	4	
		i.	- 199 - 199	12 OCT	_
	Jupiter, FL 33458 City/State and Zip Code	<del></del>			APF
	5.5,	Ě		18 PH 12: 5	
	chase navarre@yahoo.e	com	יין די נים (ז	E	LEO NO VED
]	E-mail address: (to be used for future annual rep	ort notification)	금당	<u>12</u>	0
For f	further information concerning this m	natter, please call:	Šiii	<u>1</u>	
	Chase A Navarre	at ( 561 ) 797-8430			
	Name of Person	Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS:	MAILING ADDRESS:			
	Registration Section	Registration Section			
	Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
	2661 Executive Center Circle	Tallahassee, Florida 32314			
	Tallahassee, Florida 32301				
	Enclosed is a check for the follo	wing amount:			
	<b> √</b> \$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: Chase A Navarre LLC					
2. (a) Principal office address of limited liability company	2600 Via Royale #2608				
(Note: MUST BE STREET ADDRESS)	Jupiter, FL 33458				
(b) Mailing address of limited liability company:	2600 Via Royale #2608				
(Note: MAY BE POST OFFICE BOX)	Jupiter, FL 33458				
3/8/2012	L11000102234				
3. Date of filing/registration in Florida	4. Document number				
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
Registered Agent:	Chase A Navarre	25 <b>7</b>			
Registered Office Address:	12 Laurel Oaks Circle				
	Tequesta, FL 33469	<u> </u>			
		ma y			
(b) Enter name of NEW Registered Agent and/or NEV	V Registered Office address:	12: 5 13: 5			
NEW Registered Agent:	N/A same Chase A Navarre	24 75 75 75 75 75 75 75 75 75 75 75 75 75			
NEW Registered Office Address:	2600 Via Royale				
(MŪŠT BE FLORIDA STREET ADDRESS)	#2608 Jupiter ,F	L33458			
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 of authorized representative of a member					
Chase A Navarre 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 providing the angle of the providing the configuration of my post Chapter 608, F.S. Or, if this document is being filed to me address I hereby confirm that the limited liability company	gree to act in this capacity. I fur oper and complete performance of sition as registered agent as prov rely reflect a change in the regist has been notified in writing of th	ther agree to f my duties, ided for in ered office his change.			
Signature of Registered Agent					

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