## 21/000/3/847

. (Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
ELOZ O S MAC,		
	A. LU	MT



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Office Use Only

## **COVER LETTER**

Division of Corporations			
SUBJECT: Name of L	tners LLC		
Name of L	limited Liability Company		
- Dear Sir or Madam:			
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to the following:		
Bert Blicher	, 		
Name of Person	<del></del>		
Firm/Company	ARAS A		
16403 BrookField	Estates Way		
Address	Frates way		
Delray Beach Fo	<u> 33446</u>		
blicher B@ aul.co			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter	er, please call:		
Bert Blicher	at (561) 999-9947		
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	g amount:		
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy		

TO: Registration Section

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.5 liability company submits the following statement in orde agent, or both, in the State of Florida.	r to change its registered office or registered
1. Name of the limited liability company: Nesoi	Partners LLC
2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )	Delray Beach FL 33446
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	16403 Brookfield Estates Way Delray Beach FL 33446
11-18-2011	41/000 13/847
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:	GARY L. PRAdo
Registered Office Address:	16403 Brook Field Estational Delray Beautiful
	ma p M
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NEV</b>	<b>™</b>
NEW Registered Agent:	Bert Blicher
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	16403 Brookfield Estates Way Delray Beach ,FL 33446
If the limited liability company is not organized under the lonfirmed 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) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	orida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
Bert Blicher	
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 pre and I am familiar with and accept the obligations of my po 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 further agree to oper and complete performance of my duties, sition as registered agent as provided for in rely reflect a change in the registered office y 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