

L/2000050735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Encore Summerport Builder, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Bagley

Name of Person

Encore Summerport Builder, LLC

Firm/Company

1951 NW 19th Street, Suite 200

Address

Boca Raton, FL 33431

City/State and Zip Code

jim.bagley@encorefunds.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Bagley

Name of Person

at ( 407 )

446-8250

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

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2012 JUL 17 PM 4:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.*

1. Name of the limited liability company: Encore Summerport Builder, LLC

2. (a) Principal office address of limited liability company: 1951 NW 19th Street, Suite 200

(Note: MUST BE STREET ADDRESS)

Boca Raton, FL 33431

(b) Mailing address of limited liability company: 1951 NW 19th Street, Suite 200

(Note: MAY BE POST OFFICE BOX)

Boca Raton, FL 33431

4/13/2012  
3. Date of filing/registration in Florida

L12000050735  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Department of State:

Registered Agent:

K. Taylor White

Registered Office Address:

150 West Flagler Street, Suite 2200  
Miami, FL 33130

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

James Bagley

NEW Registered Office Address:

1951 NW 19th Street, Suite 200

(MUST BE FLORIDA STREET ADDRESS)

Boca Raton, FL 33431

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 or authorized representative of a member

James Bagley, Manager

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent

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