## L12000060043

(Re	questor's Name)			
(Ad	dress)			
(Addless)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(1)0	cument Number)			
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SECRETARY OF STATE OIVISION OF CHRECKATIONS

CV,2/15

## COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: NAM	Real Estate, LLC			
	Name of Lim	ited Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change and fce(s) are submitted for filing.				
Please return all corr	espondence concerning this matter	to the following:		
Charles E. Johns	on			
	Name of Person			
NAM Real Estate	, LLC			
	Firm/Company	<del></del>		
6301 North Ocea	an Boulevard			
	Address	···		
Ocean Ridge, FL	33435			
(	City/State and Zip Code	<del></del>		
cjohnson@clacor	p.com			
E-mail address:	(to be used for future annual repor	t notification)		
For further informati	on concerning this matter, please ca	dl:		
Mark Tepsic, Authorized Representative of a Member 770 552-9840				
Nam	e of Person	Area Code & Daytime Telephone Number		
STREET/C	OURIER ADDRESS:	MAILING ADDRESS:		
Registration	Section	Registration Section		
Division of C		Division of Corporations		
Clifton Build		P.O. Box 6327		
	ive Center Circle	Tallahassee, Florida 32314		
i alianassee,	Florida 32301			
Enclosed is a check for the following amount:				
\$25 Filing	; Fee	☐ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

l. Na	me of the limited liability company: NAM Real E			
2. (a)	6301 North Ocean Boulevard	<i>(</i> 6)	(b) 6301 North Ocean Boulevard	
( <u></u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Ocean Ridge, FL 33435		Ocean Ridge, FL 33435	
	May 3, 2012	ĻL	12000060043	
3,	Date of filing/registration in Florida	4.	Document number	
5. (ä)	Laura M. Andrew			
31 ( <del>u</del> )	Registered Agent and Registered Office shown on the records of	the Florida D	ept. of State:	
	50 North Laura Street			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	'	
	Suite 2600			
	Jacksonville	32202		
		<u></u>	<b></b>	
(b)	C T Corporation System		ECRET HAX	
(/	Enter name of NEW Registered Agent and/or NEW Registered	d Office addre	ss: 27 9557	
	1200 South Pine Island Road		The state of the s	
	NEW Registered Office Address:		PH 3: 44	
	Plantation, FI	<sub>L</sub> 33324		
the cha agent w was/we	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited line authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the registe iability comporting limited liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in	
Signal	ure of a member or authorized representative of a member		Printed or typed name of signee	
I herel provisi the obli to merc notified C T	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.  Orporation System Michael Seraphin Asst. See of Registered Agent	e performant ed for in Chu hereby conf	this capacity. I further goree to comply with the	