

L12000152309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

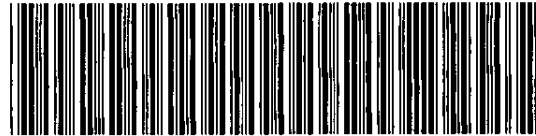
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATION

C. LEWIS

FEB 22 2013

EXAMINER



Wolters Kluwer
Corporate Legal Services

CT Corporation

515 East Park Avenue
Tallahassee, FL 32301

850 222 1092 tel
850 222 7615 fax
www.ctcorporation.com

February 21, 2013

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 8683894 SO
Customer Reference 1: Change of Agent
Customer Reference 2: FL

Dear Department of State, Florida:

Please obtain the following:

NRP Monterra LLC (FL)
Change of Agent
Florida

NRP Manager LLC (FL)
Change of Agent
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Kenny Metayer
Fulfillment Specialist - Contractor
kenny.metayer@wolterskluwer.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NRP MANAGER 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:

Rebecca M. Pillar

Name of Person

the NRP group

Firm/Company

5309 Transportation Blvd.

Address

Cleveland, Ohio 44125

City/State and Zip Code

rpiller@nrpgroup.com

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

For further information concerning this matter, please call:

Rebecca M. Pillar

Name of Person

at (216) 584-2556

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

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: NRP Manager LLC

2. (a) Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

5309 Transportation Blvd
Cleveland, Ohio 44125

(b) Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

5309 Transportation Blvd
Cleveland, Ohio 44125

12/05/2012

L12000152309

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:

B&C CORPORATE SERVICES OF CENTRAL FLORIDA

Registered Office Address:

390 N. ORANGE AVE.
SUITE 1400
ORLANDO FL 32801 US

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

NEW Registered Agent:

CT Corporation system

NEW Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

1200 South Pine Island Road
Plantation, FL 33324

_____, FL _____

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

T. RICHARD

~~BAILEY~~ Bailey

Printed or typed name of signer

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.

BY: Renee Cruz Renee Cruz, Asst. Secretary

Signature of Registered Agent

CT Corporation System

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00