

Division of Corporations

# LI2000155379

Florida Department of State  
Division of Corporations  
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Fax Number : (850) 617-6393

From: Account Name : SHUMAKER, LOOP & KENDRICK LLP  
Account Number : 075500004387  
Phone : (813) 229-7600  
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### LLC REGISTERED AGENT CHANGE 734 CO-OP GROVES, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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**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

1. Name of the limited liability company: 734 Co-Op Groves, LLC

2. (a) 10070 Daniels Interstate Court (b) 10070 Daniels Interstate Court  
Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*

Suite 100 Suite 100  
Ft. Myers, Florida 33913 Ft. Myers, Florida 33913

12/12/2012 L12000155379

3. Date of filing/registration in Florida 4. Document number

5. (a) NRAI Services, Inc.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1200 South Pine Island Road  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Plantation, FL 33324

(b) Timothy M. Hughes, Esq.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
101 E. Kennedy Boulevard, Suite 2800

Tampa, FL 33602

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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] TRANSUR Alico, Inc., its Manager  
Signature of a member or authorized representative of a member. 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 605, 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]  
Signature of Registered Agent

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