

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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From:		
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		: (954)208-0845

Email Address:



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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. Nai	me of the limited liability company:	
2. (a) _	4851 Tamami Trail N. (b)	failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 200 Naples, FL 34103	
	May 1, 2014 L14	000070500
З.	Date of üling/registration in Florida 4.	Document number
5. (a)	Michael J. Schroeder	
(#)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	:
	4851 Tamiam. trail N.	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	Swite 200	
	Naples, FL	e in
(h)	NRAI Services, Inc.	SEC SEC
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	FILED
	NEW Registered Office Address;	
	1200 South Pine Island Road	
	· ·	
	Plantation , FL, FL	
the cha agent v was/we the arti Signa I here provisi the obl to mer- notified By:	imited liability company is not organized under the laws of the State of Flo nge or changes are made, the Florida street address of the registered office vill be identical. Or, in the case of a Florida limited liability company, it is are authorized by an affirmative vote of the members of the limited liability cless of organization or the operating agreement of the limited liability com- mine of a member or authorized representative of a number by accept the appointment as registered agent and agree to act in this cap ons of all statutes relative to the proper and complete performance of my igations of my position as registered agent as provided for in Chapter of the writing of this change. NRAT Services, Inc. NRAT Services, Inc. NRAT Services, Inc.	c and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany. <u><i>ML</i></u> <u><i>J</i></u> , <u><i>SL</i></u> <u><i>POELEN</i></u> Printed or typed name of signer acity. I further agree to comply with the duties, and I am familiar with and accept b, F.S. Or, if this document is being filed the limited liability company has been

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