mo1000000925

(Requestor's Name) Bricker & Eckler ATTORNEYS AT LAW BRICKER & ECKLER LLP 100 South Third Street Columbus Ohio 43215 - 4291	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
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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 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. The name of the limit	ed liability company is:	Etura Pre	emier, L.L.C.		,,
			1201 US Highway One, S	Suite 350	0A
North Palm Beach, Flo					
04/25/2001			M01000000925		
3. Date of filing/registration in Florida			4. Document number		
5. The name of the regist Florida Department of	State: Kriner, Deborah L.	Name	address as shown on the reco	ords of th	ne
	West Palm Beach, F	ddress lorida 334 tate and Zi			04 DEC
6. The name and address	of the new registered age	nt and/or o	office:	,	
	Deborah L. Kriner			•	J
	1201 US Highway Or				PH 1: 17
	Florida street address (P.O. Box	NOT acceptable)	الا المراجعة المراجعة	7
	North Palm Beach	FL 3340			
	City, Sta	te and Zip			
confirmed that after the c and the business office of liability company, it is he the members of the limite	hange or changes are mad f the registered agent will	le, the Flor be identica hange(s) w otherwise	ws of the State of Florida, it is rida street address of the reginal. Or, in the case of a Floridas/were authorized by an after provided in the articles of o	istered of da limite	ffice d
JUMA h. MUN	use				
/]	rized representative of a member)				
James A. Rutledge, A. (Printed or typed name of signee)	uthorized Representati	ve			
` ' '		nt and agr	ree to act in this canacity. It	further a	aree to
comply with the provision and I am familiar with an Chapter 608, F.S. Or, if address, I hereby confirm	is of all statutes relative to ad accept the obligations of this document is being file what the limited liability	o the prop of my posit ed to mere company h	ee to act in this capacity. I f er and complete performanc tion as registered agent as pi ly reflect a change in the reg ias been notified in writing o	e of my of rovided f sistered co of this ch	luties, for in office änge.
(Signature of Registered Agent)		_			
Divisio	on of Corporations, P.O.	Box 6327	, Tallahassee, FL 32314		

FILING FEE: \$25.00

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