mor	tuuu	01948

		·······	
(Re	questor's Name)		
(Address)			
	۱		
(Ad	dress)	· · · · · ·	
(City/State/Zip/Phone #)			
PICK-UP		MAIL	
(Business Entity Name)			
	:		
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer.			



RECEIVED 09 MAR 26 PH 4: 14 09 MAR 26 PH 4: 14 01 VISION OF STATE 01 VISION OF CONFORMATION 01 VISION OF CONFORMATION

Office Use Only

B. KOHR MAR 2 7 2009 EXAMINER



5

CSC.	۲
------	---

CORPORATION SERVICE COMPANY
ACCOUNT NO. : 072100000032
REFERENCE : 931895 4346784
AUTHORIZATION :
COST LIMIT : COST LIMIT

NAME: NATIVE AMERICAN DEVELOPMENT, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace

EXAMINER'S INITIALS:

## 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: \_\_\_\_\_\_ MATIVE AMERICAN DEVELOPMENT, LLC

2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	any: <u>601 East Pratt Street, 6th Floor</u> Baltimore, MD 21202
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	_601_East Pratt Street_6th Floor Baltimore, MD_21202
05-24-2004	M04000001988
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	C T Corporation System
Registered Office Address:	1200 South Pine Island Road Plantation, FL 33324
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address:	1201 Hays Street
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee .FL 32301

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. limited liability company.

L.

(Signature of a member or authorized representative of a member)

Maureen Cullen, Authorized Person (Printed or typed name of signee)

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. Corporation Service Company By: (Signature of Registered Agent) Sylvia Queppet, Assistant VP

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

**FILING FEE: \$25.00** 

INHS18 (05/08)

ſ

-s- 🎙