M0500000449

(Re	equestor's Name)	-
(Ac	idress)	
	Life	
(AC	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
	:	
(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	



300185847863

09/28/10--01012--003 **25.00

SECRETARY OF STATE
DIVISION OF CORPURATION

Office Use Only



National Registered Agents, Inc. 11600 College Boulevard Suite 210 Overland Park, KS 66210 800.550.6724 Fax 913.851.0713

September 24, 2010

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Clermont Land Development, LLC

Change of Registered Office and Registered Agent

Dear Sir/Madam,

For the purposes of changing the registered office and registered agent of the above captioned Clermont Land Development, LLC, please find enclosed, in duplicate, a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company accompanied by our check in the amount of Amount of \$25.00.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed envelope.

Thank you in advance for your cooperation in this matter.

Sincerely,

Lindsey Klemencic

National Registered Agents, Inc.

Enclosure - Check

COVER LETTER

Division of Corporations				
SUBJECT:	Clermont Lan	nd Development, LLC		
	Name of Limited	ed Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/F	legistered Office	Change and fee(s) are submitted for filing.		
Please return all correspondence	concerning this m	matter to the following:		
Linday Kla	monoio			
Lindsey Klemencic Name of Person				
	·••			
National Registered	Agents, Inc.			
Firm/Compan	y			
44000 Callaga Dh	d 0.35 040			
11600 College Blv Address	3., Suite 210			
Addiess				
Overland Pa	ırk, KS			
City/State and Zip				
info@nrai	com			
info@nrai.com E-mail address: (to be used for future annual report notification)				
For further information concerning	ng this matter, ple	ease call:		
Lindsey Klemencic	ot (800) 550-6724		
Name of Person	at (_	Area Code & Daytime Telephone Number		
STREET/COURIER ADD	RESS:	MAILING ADDRESS:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		
Clifton Building	•	P.O. Box 6327		
2661 Executive Center Circ	ıe	Tallahassee, Florida 32314		
Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
✓ \$25 Filing Fee		\$55 Filing Fee & Certified Copy		

TO: Registration Section

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: Cle	rmont Land Developmen	t, LLC
2. (a) Principal office address of limited liability compa	ny:	1 NS
(Note: MUST BE STREET ADDRESS)		SE SE
(b) Mailing address of limited liability company:	w	8 CO
(Note: MAY BE POST OFFICE BOX)		988 988
01/28/2005	M0500000044	19 5 5 m
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dep	t. of State:
Registered Agent:	John R McGill	
Registered Office Address:	4425 Military Trail	(2017)
	Suite 202 Jupiter, FL 33458	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u> <u>NEW</u> Registered Agent:	EW Registered Office address: NRAI Services, Inc.	:
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2731 Executive Park Drive, Suite 4	
1.1001 02 100101101100110007	Weston	_,FL <u>33331</u>
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	e laws of the State of Florida, it Florida street address of the regintical. Or, in the case of a Florida, was/were authorized by an afterwise provided in the articles only.	is hereby istered office da limited firmative vote f organization
Printed or typed name of signee	_	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address. I hereby confirm that the limited liability companies of Services, Inc. Signature of Registered Agent	agree to act in this capacity. I proper and complete performant ossition as registered agent as prefer a change in the reging has been notified in writing to	further agree to se of my duties, rovided for in sistered office of this change.

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