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| (Re | questor's Name) | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | | |
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Office Use Only



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11/20/06--01044--004 **250.00



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.

| | <i>y</i> | NININI NIanias | d aural Oak 4 | | |
|--|---|--|--|---|--|
| 1. The name of the limite | d liability company | is: ININI Naples | Laurer Oak 4, | LLC | · · · · · · · · · · · · · · · · · · · |
| 2. The mailing address of | the limited liability | y company is : | | | · |
| 1551 N Tustin Avenue, Suite | e 200, ATTN: Entity (| Compliance Manage | r, Santa Ana, CA | 92705 | |
| 6/6/2005 | | ħ. | 105000003013 | | |
| 3. Date of filing/registration in Florida 4. Document num | | | | | |
| 5. Date of filing/registrati | ion in Fiorida | 4, | Document nume | er . | |
| 5. The name of the registe Florida Department of S | | egistered office add | dress as shown on | the records of | the |
| | Corporation Service | e Company | | | |
| | | Name | | | _ |
| | 1201 Hays Street | | | ~ | 0 |
| | | Address | | 98 | SE . |
| Tallahassee, FL 32301 | | | | 2006 NOV 20 | OF CE |
| City, State and Zip | | | ~ | 05 A 05 A | |
| 6. The name and address of the new registered agent and/or office: | | ice: | 20 PM | 10000 10000 10000 10000 | |
| NRAI Services, Inc. | | | OF STAI | | |
| | | Name | | <u> </u> | ATE |
| | 2731 Executive Park | k Drive, Suite 4 | | 2 | SNO |
| | Florida street add | lress (P.O. Box N O | T acceptable) | | .; |
| | Weston | FL 33331 | | | |
| | Cit | y, State and Zip | | | |
| If the limited liability come confirmed that after the chand the business office of liability company, it is her the members of the limite the operating agreement of the limite the operation of the limite the operation of the limite the limite the operation of the limite the limite the limite the limite the limite the operation of the limite the l | hange or changes are the registered agen reby confirmed that d liability company of the limited liability | re made, the Florid twill be identical. the change(s) was or as otherwise protection to company. | a street address of Or, in the case of were authorized | f the registered f a Florida limi by an affirmati | office ted ve vote of |
| Paul J. Hagan, attorney-in-fa (Printed or typed name of signee) | | | | | |
| I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm NRAI Services, lipe. (Signature of Registered Agent) Paul J. Hagan, Assistant Services Division | | <u> </u> | | | agree to y duties, d for in d office change. |

FILING FEE: \$25.00

INHS18(10/99)