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AND AHASSFE, FLORIDA

J. BRYAN

SEP 1 3 2011

EXAMINER

COVER LETTER

_	istration Section ision of Corporations				
SUBJECT				orises, LLC ity Company	
Dear Sir or	Madam:				
The enclose	ed Registered Agent/Registered	Office (Change	and fee(s) are submitted for	r filing.
Please retui	rn all correspondence concernir	ıg this m	atter to	the following:	
	Alex Kurkin				
	Name of Person				
	Kurkin Forehand Brandes Firm/Company	LLP		_	∌o; ⊴
1	8851 N.E. 29th Avenue, Sui	te 303		_	SEP 12 PH 3: 28 ECRETARY OF STATE LLAHASSEE, FLORID
	Aventura, FL 33180-280 City/State and Zip Code)8		_	F. FLORIDA
E-mail a	akurkin@kfb-law.com ddress: (to be used for future annual repor	t notification	on)		
For further	information concerning this ma	atter, ple	ase call		
	Angela Wylie	at (_	850	391-5060	
	Name of Person			Area Code & Daytime Telephone N	umber
Reg Divi Clifi 266	REET/COURIER ADDRESS: istration Section ision of Corporations iton Building 1 Executive Center Circle ahassee, Florida 32301		Reg Div P.O	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314	
Enc	closed is a check for the follow	ing amo	ount:		
⊠s	25 Filing Fee		\$5	5 Filing Fee & Certified Co	ру

Constitution of the

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.

Name of the limited liability company:	Napleton Enterprises, LLC		
2. (a) Principal office address of limited liability compa	any: 1460 E. Osceola Parkway		
(Note: MUST BE STREET ADDRESS)	Kissimmee, FL 34744		
(b) Mailing address of limited liability company:	# S S T		
(Note: MAY BE POST OFFICE BOX)	200		
06/24/2005	M05000003492		
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:	Les Stracher		
Registered Office Address:	2900 Glades Circle, Suite 700 Weston, FL 33327		
NEW Registered Agent: NEW Registered Office Address:	Alex Kurkin 18851 N.E. 29th Avenue, Suite 303		
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	18851 N.E. 29th Avenue, Suite 303		
	Aventura ,FL 33180-2808		
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 ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as oth or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member 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 pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I am familiar with an accept the obligations of my pand I am familiar with an accept the obligations of my pand I am familiar with an accept the obligations of my pand I am familiar with an accept the obligations of my pand I am familiar with an accept the obligation with a my pand I am familiar with a	Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of organization ny.		
uddress, i neregy gonjirm inal the limited liability compa	ny nas been notified in writing of this change.		

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

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