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J. BRYAN
FEB 1 8 2008

EXAMINER

COVER LETTER

Division of Corporations		•
SUBJECT: TITLE PART (Name of	NERS, LLC, a Ne Limited Liability Company) limited Compan	w Namp, Tiability
Dear Sir or Madam:	•	/
	Office Change and fee(s) are submitted for fi	
Please return all correspondence concerning	this matter to the following:	
Michelle Pertle (Name of Person) Title Partners (Firm/Company) 224 Datura St. (Address)		DIVISION OF CORPORATIONS DIVISION OF CORPORATIONS DIVISION OF CORPORATIONS DIVISION OF CORPORATIONS
West Palm Bea (City/State and Zip Code)	<u>从, FL</u> 35401	
For further information concerning this mat	ter, please call:	
Michelle Pertle (Name of Person)	at (561_) <u>832-6818</u> (Area Code & Daytime Teleph	none Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	ing amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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.

agent, or both, in the State of Florida.	. 0 .
1. The name of the limited liability company is:	le Partners, LC
2. The mailing address of the limited liability company	is: 224 Datura Stree
Suite 510, West Palm 1	Blach, FL 33401
11-29-2005	mo500006648
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered of Florida Department of State: Deirdre N	1
A didne	LIN ROAD
WEST PALM City, State a	BEACH FL 33405
6. The name and address of the new registered agent an	nd/or office:
DAVID HOLZ	
224 DATURA	STREET SUITE 5100 9
Florida street address (P.O.	Box NOT acceptable)
WEST PALM BEACHEL	33401
City, State an	
If the limited liability company is not organized under to confirmed that after the change or changes are made, the and the business office of the registered agent will be in liability company, it is hereby confirmed that the change of the members of the limited liability company or as confirmed that the change of the operating agreement of the limited liability company.	ne Florida street address of the registered office dentical. Or, in the case of a Florida limited trees was/were authorized by an affirmative vote.
(Signature of a member or authorized representative of a member of	
DAVID HOLZMAN (Printed or typed name of signee)	• .
I hereby accept the appointment as registered agent are comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	nd agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.
(Signature of Registered Agent)	

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