Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: CHARLES BACLET AND ASSOCIATES INC

Account Number : 120080000054 Phone

: (949)955-9585

Fax Number

: (800)652-6504

REGISTERED AGENT CHANGE

ROHNERT CIVIC, LLC

Certificate of Status 0 Certified Copy 0 Page Count 03 Estimated Charge \$35.00

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Corporate Filing Menu

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T. HAMPTON

MAY 2 8 2008

EXAMINER

COVER LETTER

	•	COVERLETTER
	1 .	
TO: Registration		•
Division of C	2orporations	•
SUBJECT: Rohner	t Civic, LLC	
		Limited Liability Company)
	,	• • •
Dear Sir or Madam:		
The enclosed Regist	ered Agent/Registered	Office Change and fee(s) are submitted for filing.
The one court		o marga and world, are amounted to thing.
Piceso ceturn ali cori	 respondence:concernin:	g this matter to the following:
i icase ictain an con	espondence concerning	g and matter to the following.
Nicole Parnell		
THOOLE I GITTOII	(Name of Person)	<u> </u>
	(tans in serion,	
Charles Baclet and As	sociates, Inc.	
	(Firm/Compнлу)	
	(in the state of	
2030 Main Street, Su	ijte 1030	
	(Address)	<u> </u>
	,,	
Irvine, CA 92614		
	Gity/State and Zlp Code)	· · · · · · · · · · · · · · · · · · ·
·		
For further informat	ion concerning this mat	tter, please call;
• • • • • • • • • • • • • • • • • • • •		
Nicole Parnell		at (949) 955-9585
(Nan	ne of Person)	(Area Code & Daytime Telephone Number)
([•
STREET/CO	URIER ADDRESS:	MAILING ADDRESS:
Registration S	Section	Registration Section
Division of C		Division of Corporations
Clifton Buildi	ing ing	P.O. Box 6327
2661 Executiv	ve Center Circle	Tallahassee, Florida 32314
Tallahassee, I	ilorida 32301	
Enclosed is	a check for the follow	ing amount:
P3 44 4 1111	.	Des milion Day & Comical Con-
🖸 \$25 Filing	g ree	\$55 Filing Fee & Certified Copy
INIH \$18 (\$/08)		

1,1

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: Rohnert Civic, LL	<u>c </u>	. , , , , , , , , , , , , , , , , , , ,		
2. (a) Principal office address of limited liability company	500 Washington Street			
(Note: MUST BE STREET ADDRESS)	Suite 700	N 0		
	San Francisco, CA 94111	<u> </u>		
(b) Mailing address of limited liability company:				
To waiting address of familied hability company.		S 25 1		
(Note: MAY BE POST OFFICE BOX)		27 Z		
		<u>inc</u> U		
04/13/2006	M06000002142	FLO ST		
	4. Document number	-20-3		
3. Date of filing/registration in Florida	4. Document number	PA +		
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept	of State:		
Registered Agent;	CT Corporation System			
Registered Office Address:	1200 South Pine Island Road			
Registered Office Address.	Plantation, FL 33324			
j				
(b) Enter name of NEW Registered Agent and/or NEV	V Registered Office address:			
NEW Registered Agent:	NRAI Services, Inc.			
NEW Registered Office Address:	2731 Executive Park Drive			
(MUST BE FLORIDA STREET ADDRESS)	Suite 4			
	_Weston	,FL_33331		
If the limited liability company is not organized under the legislation confirmed that after the change or changes are made, the Fl and the business office of the registered agent will be identifiability company, it is hereby confirmed that the change(s) 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)	orida street address of the regition. Or, in the case of a Florid was/were authorized by an after of the articles of the articles of the articles.	stered office la limited firmative vote		
Thomas Coates, Managing Member	_			
(Printed or typed name of signee)		٠		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the production of an amiliar with and accept the obligations of my post-chapter 608, F.S. Or, if this document is being filed to met address, I hereby confirm that the limited liability company	gree to act in this capacity. I f per and complete performanc sition as registered agent as pi vely reflect a change in the reg has been notified in writing o	urther agree to e of my duties, ovided for in istered office f this change.		
(Signature of Registerrod Agent) Jose Gastellanos, Asst. Sec	eretary			
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314				
FILING FEE: \$2	25.00			

INHS18 (05/08)