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COVER LETTER

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	Registration Section Division of Corporations					
SUBJEC	CT: St. Regis Properties, LLC					
	Nan	ne of Limited L	iability Company			
Dear Sir	or Madam:					
The encl	losed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Please re	eturn all correspondence concerning th	is matter to the	following:			
Mary J	o Lloyd					
	Name of Person					
St. Reg	gis Properties, LLC					
	Firm/Company		_			
655 Re	edwood Hwy Ste 285					
	Address					
Mill Va	lley, CA 94941					
	City/State and Zip Code		_			
MJLLC	OYD@stregisproperties.com					
E-r	mail address: (to be used for future ann	ual report notif	ication)			
For furth	ner information concerning this matter,	please call:				
Mary J	o Lloyd	415 at (381-8800 ့			
•	Name of Person		Area Code & Daytime Telephone Number			
] [2	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re Di P.C	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:						
(☑ \$25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy			
INHS18 ((2/14)					

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

2. (a)		((b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	655 Redwood Hwy Ste. 285		655 Re	dwood Hwy Ste. 285
	Mill Valley, CA 94941	_		ley, CA 94941
				104, 07, 04041
	8/8/2006		M060000	004377
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	NRAI Services, Inc			
J. (L)	Registered Agent and Registered Office shown on the records of	of the Florid	da Dept. of Star	te:
	NRAI Services, Inc.			
	Registered Office Address (MUST BE FLORIDA STREET	TADDRES	<u>(S)</u>	_
	1200 South Pine Island Road			
	Plantation	_L 33324	4	
(b)	John F. Allen			
(0)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office a	ddress:	
	John F. Allen		4	A 8: 41 OF STATE ORIGINAL
	NEW Registered Office Address:			ATE =
	1000 S. Pointe Dr. #3502			
	Miami Beach , F	L_33139	9	•
the cha agent w was/we	mited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cless of organization or the operating agreement of the	of the reg liability of of the line limited	istered offic company, it i mited liabili liability cor	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
Signat	ure of a member or authorized representative of a member	NI	cholas M.	District Ci
I herel provision the obli to mere	by accept the appointment as registered agent and a cons of all statutes relative to the proper and complet igations of my position as registered agent as provide by reflect a change in the registered office address, in writing of the change	gree to a te perform led for in I hereby	ct in this cap nance of my Chapter 60. confirm that	