

1706000006048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT 23 PM 1:59

T. HAMPTON

OCT 26 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: N/T Florida Lakeland, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thel W. Casper

Name of Person

Ball Ventures, LLC

Firm/Company

PO Box 51298

Address

Idaho Falls, Idaho 83405

City/State and Zip Code

nissen@ballventures.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nissen Denning

Name of Person

at (208)

523-3794

Area Code & Daytime Telephone 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 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.

1. Name of the limited liability company: N/T Florida Lakeland, LLC

2. (a) Principal office address of limited liability company: _____

☐ (Note: **MUST BE STREET ADDRESS**) _____

(b) Mailing address of limited liability company: _____

☐ (Note: **MAY BE POST OFFICE BOX**) _____

3. Date of filing/registration in Florida 10/31/2006 4. Document number M06000006048

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Al M. Clark

Registered Office Address: 933 Lee Road
Suite 400
Orlando, Florida 32810

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: Jose M. Martinez

NEW Registered Office Address: 7855 NW 12th Street
(MUST BE FLORIDA STREET ADDRESS) Suite 217
Miami, FL 33126

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Thel W. Casper, Secretary of the Manager
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent

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

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SECRETARY OF STATE
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