

Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (850) 222-1092
 Fax Number : (850) 878-5368

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 TALLAHASSEE, FLORIDA

2011 NOV 22 AM 8:20

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 TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC REGISTERED AGENT CHANGE
 AUERBACH-MYERS NAPLES PARK ONE LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

J. SAULSBERRY
 EXAMINER

NOV 23 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AUERBACH-MYERS NAPLES PARK ONE 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:

Diane A. Myers

Name of Person

AUERBACH-MYERS NAPLES PARK ONE LLC

Firm/Company

5900 Via Lugano

Address

NAPLES FL 34108 US

City/State and Zip Code

bobanddianom4@yahoo.com

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

For further information concerning this matter, please call:

Diane A. Myers

Name of Person

at (239)

514-4561

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2561 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

LNHS13 (5/08)

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TALLAHASSEE, FLORIDA

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: AUERBACH-MYERS NAPLES PARK ONE LLC

2. (a) Principal office address of limited liability company: 5900 VIA LUGANO

(Note: MUST BE STREET ADDRESS)

NAPLES FL 34108 US

(b) Mailing address of limited liability company:

5900 VIA LUGANO

(Note: MAY BE POST OFFICE BOX)

NAPLES FL 34108 US

11/06/2006

3. Date of filing/registration in Florida

M06000006176

4. Document number

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

Registered Agent:

NAPLES-LAWDOCK, INC.

Registered Office Address:

1395 PANTHER LANE, SUITE 300

NAPLES FL 34109 US

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

NEW Registered Agent:

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

(MUST BE FLORIDA STREET ADDRESS)

Plantation FL 33324

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.

Diane Auerbach Myers
Signature of a member or authorized representative of a member

Diane Auerbach Myers

Printed or typed name of signee

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.

By: C T Corporation System
Signature of Registered Agent

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

INHS18 (05/08)

PLS18 - 11/16/2010 CT System Online

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