# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

: (850)617-6380 Fax Number

From:

Account Name : CHARLES BACLET AND ASSOCIATES INC

Account Number : I20080000054 : (949)955-9585 Phone

Fax Number : (800)562-6504

## REGISTERED AGENT CHANGE

### NHP TREASURE COAST TIC 5, LLC

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M. THOMAS

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#### **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: NHP TREASURE COAST TIC				
(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	g this matter to the following:			
Nicole Parnett				
(Name of Person)	······································			
Charles Baclet and Associates, Inc.		SEC	@8 NOV 21 AM 9: 3	
(Firm/Company)	•	歪	, A0	
2875 Michelle Drive, Suite 100		HASSE ASSE	- 12	
(Address)		OF STAT	Ē	C
Irvine, CA 92606		STATE	မှာ သ	
(City/State and Zip Code)		≫'''		
For further information concerning this mat	ter, please call:			
Nicole Pamell	at ( 949 ) 955-9585			
(Name of Person)	(Arca 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	ng amount:			
☑ \$25 Filing Fee	☐ \$55 Filing Fcc & Certified Copy			

INHS18 (5/08)

#### 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. Na	me of the limited liability company: NHP TREASUR	E COAST TIC 5, LLC	···
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	7: 4885 Riverbend Road, Suite D Boulder, CO 80301	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	4885 Riverbend Road, Suite D Boulder, CO 80301	
8/	10/2007	M07000004884	
3. Da	nc of filing/registration in Florida	4. Document number	
5. (a	) Registered Agent and Registered Office shown on t	the records of the Florida Dept	t. of State:
	Registered Agent:	Corporation Service Company	
	Registered Office Address:	1201 Hays Street	
		Tallahassee, FL 32301-2525	<u> </u>
<b>(b</b> )	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>		EURETARY LAHASSE
	NEW Registered Agent:	NRAI Services, Inc.	
	NEW Registered Office Address:	2731 Executive Park Drive	F****
	(MUST BE FLORIDA STREET ADDRESS)	Suite 4	<u> </u>
		Weston	_,FL <u>33331 ဦး</u> မ
that a office hereb liabili limite	limited liability company is not organized under the lefter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the case confirmed that the change(s) was/were authorized but company or as otherwise provided in the articles of liability dampany.  November 21, 2008  ure of a member of authorized representative of a member)	t address of the registered officase of a Florida limited liabilit	ce and the business y company, it is
	I J. Hagan	_	
	d or typed name of signoc)		
I her comp um fa F.S. confi	eby accept the appointment as registered agent and a ly with the provisions of all statutes relative to the pro miliar with and accept the obligations of my position Or, if this document is being filed to merely reflect a c rn that the limited liability company has been notified	gree to act in this capacity. I oper and complete performant as registered agent as provide change in the registered office I in writing of this change.	further agree to se of my duties, and I sed for in Chapter 608, address, I hereby
	Jose Castellanos, Assist	tant Secretary	

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

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(Signature of Rep