

MD70000006186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SEP - 8 2009

**EXAMINER**

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09/03/09--01008--004 \*\*25.00

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09 SEP -3 AM 8:12

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*Bay State Corporate Services, Inc.*  
*Six Beacon Street, Ste. 510*  
*Boston, MA 02108*  
*(617)742-8484 Fax: (617)742-8482*

August 26, 2009

Enclosed you will find (1) Corporate Change of Agent filing for FL-SOS

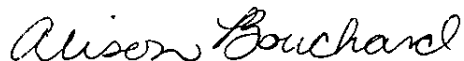
Subject name: PONTE VEDRA BEACH CAPITAL LLC

Please file the attached Corporate filing upon receipt. A check in the amount of \$25.00 is enclosed.

If there are any problems, please hold the filing and call our office immediately. Feel free to call collect at 617-742-8484.

Thank you in advance for your assistance.

Sincerely,



Alison Bouchard

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PONTE VEDRA BEACH CAPITAL 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:

ALISON BOUCHARD  
(Name of Person)

BAY STATE CORPORATE SERVICES, INC.  
(Firm/Company)

6 BEACON STREET, SUITE 510  
(Address)

BOSTON, MA 02108  
(City/State and Zip Code)

For further information concerning this matter, please call:

ALISON BOUCHARD at ( 617 ) 742-8484  
(Name of Person) (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

**FILED**  
**09 SEP -3 AM 8:12**  
**SECRETARY OF STATE**  
**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. The name of the limited liability company is: Ponte Vedra Beach Capital LLC

2. The mailing address of the limited liability company is : 226-5 Solana Rd. Suite 222

Ponte Vedra, FL 32082

10/12/07

M07000006186

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Corporation Service Company

Name

1201 Hays Street

Address

Tallahassee, FL 32301-2525

City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

Florida street address (P.O. Box **NOT** acceptable)

Weston

FL 33331

City, State and Zip

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.

Brent Paris 9/26/09  
(Signature of a member or authorized representative of a member)

Brent Paris, Authorized Person

(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 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.*  
NRAI Services, Inc.

Tiniesha Clark  
(Signature of Registered Agent)

Tiniesha Clark, Asst. Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED  
09 SEP -3 AM 8:16  
TALLAHASSEE FL 32314  
SECRETARY OF STATE