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DIVISION OF COSPOSATIONS

T. HAMPTON

JUN 1 9 2009

**EXAMINER** 

### GOODLETTE, COLEMAN, JOHNSON, YOVANOVICH & KOESTER, P.A. ATTORNEYS AT LAW

J. Dudley Goodlette Kevin G. Coleman Richard D. Yovanovich Edmond E. Koester William M. Burke Gregory L. Urbancic Matthew L. Grabinski NORTHERN TRUST BANK BUILDING 4001 Tamiami Trail North Suite 300 Naples, FL 34103 239-435-3535 239-435-1218 Facsimile Linda C. Brinkman Craig D. Grider Matthew M. Jackson Alex R. Figares Jeffrey J. Beihoff Todd M. Rich

Writer's E-mail: mmaybin@gcjlaw.com Of Counsel:

Kenneth R. Johnson

June 17, 2009

#### Via Federal Express

Florida Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re:

Tuscany Management, LLC Document No.: L08000045956

To Whom It May Concern:

In connection with the above-referenced matter, enclosed for filing please find the following:

- 1. Articles of Amendment to Articles of Organization of Tuscany Management, LLC and a check for \$25.00 represent the filing fee for same; and
- 2. Certificate of Designation of Registered Agent/Registered Office and a \$25.00 representing the filing fee for same.

Please return all correspondence concerning this matter to:

Matthew L. Grabinski, Esq.
Goodlette, Coleman, Johnson, Yovanovich & Koester, P.A.
Northern Trust Bank Building
4001 Tamiami Trail North, Suite 300
Naples, Florida 34103
Email: mgrabinski@gcjlaw.com

Should you have any questions or need any additional information concerning this matter, please feel free to contact our office at (239) 435-3535. We appreciate your assistance and prompt attention to this matter.

Sincerely,

1elody L Maybin

Legal Assistant to Matthew L. Grabinski, Esq.

/mlm

Enclosures

## 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.

| Name of the limited liability company:  | AB NAPLES, LLC   |
|---|--|
| 2. (a) Principal office address of limited liability compan   | y:   |
| (Note: MUST BE STREET ADDRESS)  | OP JU  |
| (b) Mailing address of limited liability company:   | N - 8  |
| (Note: MAY BE POST OFFICE BOX)  | A DI OR  |
| 05/14/08  | M08000002294 5 STATE   |
| 3. Date of filing/registration in Florida   | 4. Document number   |
| 5. (a) Registered Agent and Registered Office shown on  | the records of the Florida Dept. of State:   |
| Registered Agent:   | IRC INVESTOR SERVICES, LLC   |
| Registered Office Address:  | 3838 TAMIAMI TRAIL NORTH<br>STE 416<br>NAPLES, FL 34103  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>  | W Registered Office address:   |
| NEW Registered Agent:   | -SEE NEXT PAGE -   |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)   | FOR NEW RA   |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be identiability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. | Florida street address of the registered office  |
| Signature of a member or authorized representative of a member  | SEE NEXT PAGE  |
|   | FOR SIGNATURES   |
| Printed or typed name of signce   | _  |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pland I am familiar with and accept the obligations of my perchapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compar   | agree to act in this capacity. I further agree to<br>oper and complete performance of my duties,<br>osition as registered agent as provided for in<br>erely reflect a change in the registered office<br>ty has been notified in writing of this change. |

Signature of Registered Agent

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the Limited Liability Company is: AB Naples, LLC, a Delaware limited liability company.
- 2. The name and the Florida street address of the registered agent and office are:

Matthew L. Grabinski, Esq.
Goodlette, Coleman, Johnson, Yovanovich & Koester, P.A.
Northern Trust Bank Building
4001 Tamiami Trail North, Suite 300
Naples, Florida 34103

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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, Florida Statutes.

Matthew L. Grabinski

The foregoing is submitted by AB Naples, LLC, a Delaware limited liability company effective as of June 15, 2009.

AB NAPLES, LLC,

a Delaware limited liability company

By:

Jeffrey R. Mangan, Authorized Agent