14080000027115

(Requestor's Name)
(Address)
(1881)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to 1 ling Officer.

Office Use Only



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SECRETARY OF STATE
ANASSEE. FLORIO

G. HARVEY

AUG 30 2010

EXAMINER



Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company

Capitol Corporate Services, Inc. PO Box 1831

Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622 regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 DATE:

8/25/2010

STATE:

FLORIDA

REP UNIT:

NF BRYNWOOD, LLC

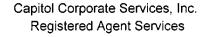
Enclosed for filing please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check #19693 in the amount of \$25.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Change of Agent Section of the Registered Agent Department.

Should you need to return this document for any reason please send it to:

Capitol Corporate Services, Inc. PO Box 1831
Austin, TX 78767

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SEGRETARY OF STATE
ALL AHASSEF, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: NF BRYNWOOD, LLC				•
Name of Limit	ted Liability Company	_		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
Myra Homer		 1	~ 2	
Name of Person		A E ₩	13	
Capitol Services Registered Agent	: Department	AHA	AUG 27	gama- ĝ 4 What
Firm/Company		35.8	127	į.
800 Brazos, Suite 400		E S	H4	
Address		SEA	Ω	
		>	1=	
Austin, Texas 78701				
City/State and Zip Code				
E-mail address: (to be used for future annual report notifica	ition)			
For further information concerning this matter, pl	lease call:			
Myra Homer at (······································			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section Division of Corporations	Registration Section Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following an	nount:			
\$25 Filing Fee	\$55 Filing Fee & 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. Name of the limited liability company: NF BRY	NWOOD, LLC			
2. (a) Principal office address of limited liability comp	ACCC C. Joffenson Charact	···.		
(Note: MUST BE STREET ADDRESS)	Monticello, FL 32344	TAI		
		<u> </u>		
(b) Mailing address of limited liability company:	2 North Palafox Street	7		
(Note: MAY BE POST OFFICE BOX)	Pensacola, FL 32502	- MA		
		-n-n		
6/9/2008	M08000002715	<u> </u>		
3. Date of filing/registration in Florida	4. Document number	D E		
5. (a) Registered Agent and Registered Office shown	on the records of the Florida Dept. of State:			
Registered Agent:	National Corporate Research, Ltd., I	nc.		
Registered Office Address:	515 East Park Avenue			
	Tallahassee FL 3230)1		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>New Registered Agent</u>	NEW Registered Office address:			
NEW Registered Agent:	Capitol Corporate Services, Inc.			
NEW Registered Office Address:	155 Office Plaza Drive, Suite A			
(MUST BE FLORIDA STREET ADDRESS)	Tallahassee , FL 323	01		
If the limited liability company is not organized under t confirmed that after the change or changes are made, th and the business office of the registered agent will be id liability company, it is hereby confirmed that the chang of the members of the limited liability company or as ot or the operating agreement of the limited liability comp	e Florida street address of the registered offi lentical. Or, in the case of a Florida limited e(s) was/were authorized by an affirmative v therwise provided in the articles of organizat	ce rote ion		
Signature of a member or authorized representative of a member	<u></u>			
Evic Roth				
Printed or typed name of signee				
I hereby accept the appointment as registered agent an comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability comp	d agree to act in this capacity. I further agr proper and complete performance of my du position as registered agent as provided for merely reflect a change in the registered off any has been notified in writing of this chan	ee to ties, · in ice ge.		
Ollanu Case Delanie Case, Asst. Se	ecretary on			
Signature of Registered Agent behalf of Capitol Corpo	orate Services, Inc.			

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