M08000002718

(Re	equestor's Name)	
(Address)		
(Ad	ldress)	
(City/State/Zip/Phone #)		
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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07/22/13--01019--019 **25.00

DIVISION OF CORPORATIONS

JUL 2 3 2013 T. HAMPTON



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: July 17, 2013

Order#: 714327-213

Re: NF CHIPOLA, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Evelyn Wright c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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 CHIP	OLA, LLC
2. (a) Principal office address of limited liability of (Note: MUST BE STREET ADDRESS)	ompany: 4294 3rd Avenue Marianna, FL 32446
(NUIE: MIUST BE STREET ADDRESS)	Marialina, FL 32440
(b) Mailing address of limited liability company	
(Note: MAY BE POST OFFICE BOX)	Pensacola, FL 32502
06/09/2008	M08000002718
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sho	wn on the records of the Florida Dept. of State:
Registered Agent:	Capitol Corporate Services, Inc.
Registered Office Address:	155 Office Plaza Dr., Suite A Tallahassee, FL 32301
(b) Enter name of NEW Registered Agent and	I —m
NEW Registered Agent:	Corporation Service Company 2 유로
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRES)	1201 Hays Street
(MOST DE TEORIDA STREET ADDRES.	Tallahassee ,FL 32301
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will b liability company, it is hereby confirmed that the chathe members of the limited liability company or as of the operating agreement of the limited liability company or as of the operating agreement of the limited liability company.	e, the Florida street address of the registered office to identical. Or, in the case of a Florida limited ange(s) was/were authorized by an affirmative vote of otherwise provided in the articles of organization or
Dona Priebe, Authorized Person Printed or typed name of signee	
I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability of Corporation Service Company By: Jack Associated Agent	t and agree to act in this capacity. I further agree to the proper and complete performance of my duties, f my position as registered agent as provided for in d to merely reflect a change in the registered office ompany has been notified in writing of this change.

Elizabeth A. Dawson, Asst. Vice President

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