## \*1108000002722

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

Office Use Only



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07/22/13--01023--003 \*\*25.00

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K. SALY EXAMINER JUL 2 4 2013



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#: 714327-221

Re: NF RIVER CHASE, 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. Na	me of the limited liability company: NF RIVER CHA	SE, LLC		
2. (a)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	y: 1017 Strong Rd. Quincy, FL 32351	70. <b>3</b>	
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2 North Palafox Street Pensacola, FL 32502	22 8	
06/09/		M08000002722	FLORE 8	
3. Da	te of filing/registration in Florida	4. Document number	F	
5. (a)	Registered Agent and Registered Office shown on	the records of the Florida I	Dept. of State:	
	Registered Agent:	Capitol Corporate Services	i, Inc.	
	Registered Office Address:	155 Office Plaza Dr., Suite A Tallahassee, FL 32301		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	NEW Registered Office address:  Corporation Service Company  1201 Hays Street		
(MUST BE FLORIDA STREET ADDRESS)			EL 00004	
		Tallahassee	,FL_32301	
confir and th liabili the me the op	limited liability company is not organized under the med that after the change or changes are made, the Fe business office of the registered agent will be idently company, it is hereby confirmed that the change(sembers of the limited liability company or as otherwerating agreement of the limited liability company.	lorida street address of the	registered office	
	Priebe, Authorized Person or typed name of signee	_		
Signatu	by accept the appointment as registered agent and a with the provisions of all statutes relative to the promote am familiar with and accept the obligations of my performed by the confirmation of the limited liability companies. I hereby confirm that the limited liability companies of Registered Agent and Registered Agent about A. Dawson, Asst. Vice President	agree to act in this capacity oper and complete perforn osition as registered agent erely reflect a change in the y has been notified in writi	). I further agree to nance of my duties, as provided for in e registered office ing of this change.	

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