## 11/09/00/00/1241

(Req	uestor's Name)	
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J. BRYAN

NOV - 3 2009

**EXAMINER** 



National Registered Agents, Inc. 11600 College Boulevard Suite 210 Overland Park, KS 66210 800.550.6724 Fax 913.851.0713

October 27, 2009

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE:

Heritage of America, LLC Change of Registered Office and Registered Agent

Dear Sir/Madam,

For the purposes of changing the registered office and registered agent of the above captioned, Heritage of America, LLC, please find enclosed, in duplicate, a Statement of Change of Registered Office or Registered Agent accompanied by our check in the amount of Amount of \$25.00.

Please proceed with the filing of the enclosed, returning official receipts and evidence in the enclosed envelope.

Thank you in advance for your cooperation in this matter.

Sincerely,

Matt Thompson

National Registered Agents, Inc.

Enclosure - Check

## **COVER LETTER**

то:	Registration Section Division of Corporations			
SUB	JECT: Heritage of America, I	LLC of Limited Liability Company)		
Dear	Sir or Madam:			
The 6	enclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.		
Pleas	e return all correspondence concernir	ng this matter to the following:		
Mat	t Thompson (Name of Person)			
<u>Nat</u>	ional Registered Agents, Ind		09	
116	00 College Blvd., Suite 210	T11	09 NOV -2 F	FILE
Ove	rland Park, KS 66210 (City/State and Zip Code)	Y OF STATE SEE. FLORIOA	PM 1: 07	Ö
For f	urther information concerning this ma	natter, please call:		
Mat	t Thompson (Name of Person)	at (800 ) 550-6724  (Area Code & Daytime Telephone N	lumb	er)
	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 follow	wing amount:		
	<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

## 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: Heritage of America, LLC			
2. The mailing address of the limite	ed liability company is:			
PO Box 4699, Yuma, AZ 85366-4699				
03/31/2009	M0900001241			
3. Date of filing/registration in Flor	ida 4. Document number			
5. The name of the registered agent Florida Department of State:	and the registered office address as shown on the records of the			
<u>Joshua E</u>	Shannon			
	Name			
482 W Ba	Address			
Tampa, F	City State and Zin			
6. The name and address of the new registered agent and/or office:  NRAI Services, Inc.				
NRAI Services, Inc.				
	Name Name Puttive Park Drive Suite 4			
<del></del>	Surve t air Dive, Care i			
Florida	street address (P.O. Box NOT acceptable)			
Weston	FL 33331			
	City, State and Zip			
confirmed that after the change or c and the business office of the registe liability company, it is hereby confi	to organized under the laws of the State of Florida, it is hereby hanges are made, the Florida street address of the registered office ered agent will be identical. Or, in the case of a Florida limited rmed that the change(s) was/were authorized by an affirmative vote ity company or as otherwise provided in the articles of organization mited liability company.			
(Signature of a member or authorized represen	native of a member)			
THOMAS KIL	EY			
TWINAL SPECIOES, IIIC.	registered agent and agree to act in this capacity. I further agree to studies relative to the proper and complete performance of my duties, the obligations of my position as registered agent approvided for ment is being filed to merely reflect a change in the registered office mited liability company has been notified in writing of this change.			

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