109000004159

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

A. LUNT

NOV - 2 2009

EXAMINE

Office Use Only



200161746152

10/29/09--01009--003 **25.00



COVER LETTER

TO: Registration Section Division of Corporations			
	NERS INTERNATIONAL, LLC		
name of Limite	d Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
JERRY L. STARKEY			
Name of Person			
REAL ESTATE PARTNERS INTERNATIONAL Firm/Company	AL, LLC		
1415 PANTHER LANE			
Address			
NAPLES, FLORIDA 34109			
City/State and Zip Code			
IS OPEDIDE COM			
For further information concerning this matter, ple	ase call:		
JAMES D. CULLEN at (239) 851-4741		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	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 amount:			
\$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. Name of the limited liability company:	Real Est	ate Partners Inter	national, LLC	
2. (a) Principal office address of limited liability company:		1415	1415 Panther Lane	
(<u>Note: MUST BE STREET ADL</u>	ORESS)	Naples, Florida 3410	19	
(b) Mailing address of limited liability	company:	1415 Panther	Lane	
(Note: MAY BE POST OFFICE	BOX)	Naples, Florida 3410	19	
	-		2009 SEL	
3. Date of filing/registration in Florida		Document number	2	
5. (a) Registered Agent and Registered (Office shown on th	e records of the Florid	a Dept. of State:	
Registered Agent:		James D. Cullen	PH 2:	
Registered Office Address:		2107 Mission Drive Naples, FL 34109	DRIPA	
(b) Enter name of <u>NEW Registered A</u> <u>NEW Registered Agent:</u>		Registered Office ad Jerry L. Starkey	<u>dress</u> :	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET)	ADDRESS)	1415 Panther Lane		
		Vaples,	,FL <u>34109</u>	
If the limited liability company is not orgated confirmed that after the change or changes and the business office of the registered against liability company, it is hereby confirmed to of the members of the limited liability company or the operating agreement of the limited leading to the leading to	are made, the Flor gent will be identic hat the change(s) value appany or as otherwall iability company.	ws of the State of Flori rida street address of the al. Or, in the case of a was/were authorized by ise provided in the arti	da, it is hereby ne registered office la Florida limited an affirmative vote cles of organization	
Printed or typed name of signee				
I hereby accept the appointment as registed comply with the provisions of all statutes rand I am familiar with and accept the oblice Chapter 608, F.S. Or, if this document is address, I hereby confirm that the limited of Signature of Registered Agent	ered agent and agreelative to the prop gations of my posit being filed to mere liability company h	ee to act in this capac er and complete perfor ion as registered agen ly reflect a change in t ias been notified in wr	ity. I further agree to rmance of my duties, it as provided for in he registered office iting of this change.	

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

INHS18 (05/08)