## P28000000111

(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

G. MCLEOD

APR - 5 2011

**EXAMINER** 



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SECRETARY OF STATE
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## **COVER LETTER**

TO: Registration Section Division of Corporations				
	OLIA N	10E 7	05 L	1.0
SUBJECT: Name of	CHAN Limite			
			•	
Dear Sir or Madam:				•
The enclosed Registered Agent/Registered	Office	Change	and fe	ee(s) are submitted for filing.
Please return all correspondence concerning	g this n	natter to	the fo	llowing:
Wendy D. Rea				
Name of Person		<del></del>	<del></del>	
National Registered Agents,	Inc.		_	
Firm/Company				
11600 College Blvd. Suite 3	10			
11600 College Blvd, Suite 2	,10			
Overland Park, KS 66210	)			•
City/State and Zip Code			_	
info@nesi nam				
info@nrai.com E-mail address: (to be used for future annual report	notificati	on)	_	
For further information concerning this mat	ter, nle	ase call	•	
	, <sub>F</sub>		-	
Wendy Rea	at (	800	)	550-6724
Name of Person	_ \_		Area Co	de & Daytime Telephone Number
STREET/COURIER ADDRESS:		MA	ILING	G ADDRESS:
Registration Section		Reg	gistratio	n Section
Division of Corporations				f Corporations
Clifton Building			Box 6	
2661 Executive Center Circle		Tal	lahasse	e, Florida 32314
Tallahassee, Florida 32301				•
Enclosed is a check for the followi	ng amo	ount:		
\$25 Filing Fee		☐ \$5	5 Filin	g 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.

agent, or bont, in the titue of 1 to tate.			
Name of the limited liability company:	CHANCE 725, LLC		
2. (a) Principal office address of limited liability compa	any:		
(Note: MUST BE STREET ADDRESS)	8110 TYNECASTLE DRIVE SANDY SPRINGS GA 30350		
(b) Mailing address of limited liability company:			
(Note: MAY BE POST OFFICE BOX)			
02/22/2010	M1000000809		
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:		
Registered Agent:	CORPORATION SERVICE COMPANY		
Registered Office Address:	1201 HAYS STREET TALLAHASSEE FL 32301-2525		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u>	NRAI Services, Inc.  515 East Park Avenue  Tallahassee  Tallahassee		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company or as other the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member of the limited or typed name of signee.  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the panel of the panel of the panel of the obligations of my chapter of the confirm that the instead liability company. NRAI Services, Inc.  Signature of Registered Agent. Wendy D Hea, Assistant of Registered Agent.	lagree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in the provided for in the articles of organization any.		

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