## M1100000 4174

(Re	equestor's Name)			
(Address)				
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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2016 SEP 15 PM 2: 32
SELFREGARY OF STATE
TALL LANGUSCEF FROM

K.SALY EXAMINER SEP 10

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. 1	Name of the limited liability company: NEPM II, LL	С	
2. (a		(b)	
(	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	0/40/0044		
	8/19/2011	M1	1000004174
3.	Date of filing/registration in Florida	4.	Document number
5. (a	J.E. Leon		
·	Registered Agent and Registered Office shown on the records o	f the Florida Dep	t. of State:
	Registered Office Address (MUST BE FLORIDA STREET) 4200 West Flagler Street, Suite 2123	ADDRESS)	201
	Miami , F.	L 33134	2016 SEP 15 PALLAHASS
(b	David Lee		SEP 15 PH
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address	PH 2: 32 SEF. FLORID
	NEW Registered Office Address:		
	700 Universe Blvd.		
	Juno Beach , Fl	L_33408	
the chagent was/v	limited liability company is not organized under the lanange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited layere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the registere iability compa of the limited e limited liabil	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Sign	ature of a member or authorized representative of a member	<del>***. 000</del>	Printed or typed name of signee
I her provis the ol to me notif	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to act in ti e performance ed for in Chap hereby confir	his capacity. I further garee to comply with the
Signat	ure of Registered Agent		