## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Account Number : I20130000032 Phone : (561)624-8202 Fax Number : (561)621-8303

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## LLC REGISTERED AGENT CHANGE

ENP, LLC

Certificate of Status	0
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Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe

## H160002349853

## 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.

ι.	Na	ame of the limited liability company: ENP, LLC					
2.	(a)		(	b)			
	•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		1	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE ROX)		
-		2/27/12	<del></del>	M120000	01079		
3.		Date of filing/registration in Florida	4,		Document number		
5.	(a)	Klett, Mesches & Johnson, P.L.			_		
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:			e:		
		Registered Office Address	33410	SEP 22			
	(b)	Klett, Mesches & Johnson, P.L.  Enter name of NEW Registered Agent and/or NEW Registered			MO OF STATE OF		
		NEW Registered Office Address:			-		
	4400 PGA Boulevard, Suite 304						
		Palm Beach Gardens , FL	33410	)	-		
the age was the protection nor	e cha ent v s/we arti ijenat prisit obli mere tified	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cless of organization or the operating agreement of the proof a member or authorized representative of a member of	the regability of the limited  Lir	istered office ompany, it is nited liability liability con ida L. Phill	e and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany.  Drick  Printed or typed name of signee  activ. I further agree to comply with the		
51	ınatu	re of Registered Agent					

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