11/13000001838

(R	equestor's Name)	
(A	ddress)	 ·
(A	ddress)	
(C	ity/State/Zip/Phon	e #)
PICK-UP	TIAW [MAIL
(Bi	usiness Entity Na	me)
(Do	ocument Number)	<u> </u>
Certified Copies	Certificate:	s of Status
Special Instructions to	Filing Officer:	
Mgs		
7	Office Use On	dv

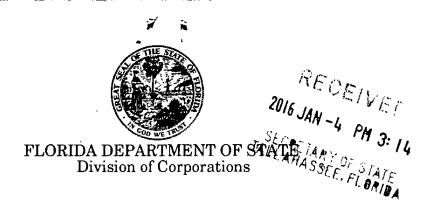


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SLONG JARY OF STATE
AND SHARSSEF, FLORIDA

K.SALY EXAMINER JAN - 6



December 9, 2015

PROMETHEUS PARTNERS, LP JESSICA HILL 520 D STREET, STE. C CLEARWATER, FL 33756

SUBJECT: ADMINISTRATIVE GROUP, LLC

Ref. Number: M13000001838

We have received your document for ADMINISTRATIVE GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 015A00025783

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Administrative Gro			
Name of Foreign	Limited Liabi	nty Compan	y
Dear Sir or Madam:			
The enclosed application, certificate and fee(s) are	re submitted fo	or filing.	
Please return all correspondence concerning this	matter to the i	following:	
Jessica Hill			
Name of Person		•	
Prometheus Partners, LP	•		
Firm/Company		-	
520 D Street, Suite C			
Address		-	
Clearwater, Florida, 3375	66		
City/State and Zip Code			
jhill@theborder.com			
E-mail address: (to be used for future annual re	eport notificat	ion)	
For further information concerning this matter, pl	lease call:	050.7	007
	at (121	₎ <u>259-7</u>	
Name of Person	Area Code	& Daytime T	elephone Number
STREET/COURIER ADDRESS: Registration Section		MAILING Registration	G ADDRESS: on Section
Division of Corporations		Division of	f Corporations
Clifton Building 2661 Executive Center Circle		P.O. Box of Tallahasse	se, Florida 32314
Tallahassec, Florida 32301			
Enclosed is a check for the following amount: \$\begin{align*} \begin{align*} \text{\$\text{\$\text{\$}}} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	S55 Filin	_	Sectificate of Status & Certificate Copy

APPLICATION BY FOREIGN LIMPTED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

	- · ·,	
1. Name of limited liability Company as it appears on	the records of the Florida	Department of
State: Administrative Group, LLC		The state of the s
Enter new principal office address, if applicable:		
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
	y company is: M13000	001838
3. Jurisdiction of its organization: Delaware		
4. Date authorized to do business in Florida: 3/22/2	.013	
SECTION II (5-9 complete only the applicable char		
5. New name of the limited liability company: (must con	ntain "Limited Liability Co	mpany, ""L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for copy of the written consent of the managers or managi must contain "Limited Liability Company," "L.L.C." of	ng members adopting the a	business in Florida and attach a lternate name. The alternate name
6. If amending the registered agent and/or registered of registered agent and/or the new registered office addre	ficer address on our record	ls, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	n . nı	1 6
	Enter Florid	da Street Address
	City	, Florida Zip Code
	City	Lip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Title/ Capacity	<u>Name</u>	Address	Type of Action
aging nbc(Investments III, LLC	520 D St, Suite C, Clearwater FL 33756	S ■Add
			Remo
			Add
			Remo
		## ## ## ## ## ## ## ## ## ## ## ## ##	Add P. Remov
			Add
			Remov
			Add
aforemention	a certificate, if required: no more than ned amendment(s), duly authenticated ander the law of which this entity is or	by the official having oustody of records in the	Remov

Filing Fee: \$25.00