

171400000928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

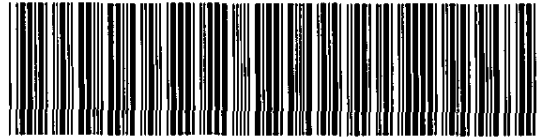
(Document Number)

Certified Copies _____ Certificates of Status _____

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8

Office Use Only



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04/28/15--01023--011 **25.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

15 APR 28 AM 11:58

NO FEE REQUIRED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED

15 APR 28 PM 4:50

NOT A FILING OFFICE
111 MASSACHUSETTS
SPRINGFIELD, MA 01104

LLC

RA Change

4/29/15

DC

April 28, 2015

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 9510247 SO
 Customer Reference 1: None Given
 Customer Reference 2: None Given

Dear Department of State, Florida :

Please obtain the following:

Citree Holdings 1, LLC (DE)
Change of Agent
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CITREE HOLDINGS 1, LLC

Name of Limited 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:

Abby Schepens

Name of Person

NRAI Corporate Services

Firm/Company

2875 Michelle Dr., Suite 100

Address

Irvine, CA 92606

City/State and Zip Code

adplair@alicoinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Abby Schepens

at (949) 955-9585

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

**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. Name of the limited liability company: CITREE HOLDINGS 1, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

10070 Daniels Interstate Court Ste 100

Ft. Myers, FL 33913

02/10/2014

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

10070 Daniels Interstate Court Ste 100

Ft. Myers, FL 33913

M14000000928

3. Date of filing/registration in Florida

4. Document number

5. (a) MAHAN, RONALD M

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

12010 NE HWY 70

ARCADIA, FL 34266

(b) NRAI Services, Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Denise Plait
Signature of a member or authorized representative of a member

Denise Plait
Printed or typed name of signer

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.

NRAI Services, Inc.

By: Nicole Chaimond
Signature of Registered Agent

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

INHS18 (2/14)

FILED
15 APR 28 PM 12:49
TALLAHASSEE, FLORIDA