## M9700000542

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ACCOUNT NO. : 072100000032

REFERENCE :

AUTHORIZATION :

OS NO. S. IN B. S.

COST LIMIT : \$ 25.00

ORDER DATE: August 3, 2005

ORDER\_TIME : 1:32 PM

ORDER NO. : 522225-440

CUSTOMER NO: 7110113

CUSTOMER: Ms. Cynthia Rubio

Csx Corporation

500 Water Street, C160

Jacksonville, FL 32202

CHANGE OF AGENT

NAME: NONA BARNES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea

## 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.

1. The name of the limit	ed liability company is	: NONA BAR	NES, LLC		
2. The mailing address of	of the limited liability of	company is:			
500 Water Street,	Jacksonville, FL	32202			
<u> </u>					
08/21/1997			M97000000542		
3. Date of filing/registra	tion in Florida		4. Document num	ber	
5. The name of the regist Florida Department of	tered agent and the reg	istered office	address as shown or	the records of the	
	C T Co	rporation S	ystem		
		Name			
	1200_Sou	th Pine Isl	and Rd.	Fr. o	
Address ES 5					
Plantation, FL 33324					
City, State and Zip					
6. The name and address of the new registered agent and/or office:    Corporation Service Company   Name   1201 Hays Street   Name   1201 Hays Street   Name   Name					
	Corporati	on Service	Company		
Name Corporation Service Company SER & & C					
1201 Hays Street					
	Florida street addre	ess (P.O. Box	NOT acceptable)		
	Tallahassee	<u>FL</u>	32301		
	City,	State and Zij	)		
If the limited liability co- confirmed that after the cand the business office of liability company, it is he the members of the limit the operating agreement    Manual Company   1	change or changes are if the registered agent vereby confirmed that the ed liability company o of the limited liability	made, the Flowill be identioned change(s) or as otherwise company.		f the registered office	
Maureen Cullen, Atto (Printed or typed name of signed	e)				
I hereby accept the appo comply with the provisio and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confin	ointment as registered ins of all statutes relati nd accept the obligatio this document is being a that the limited liabi	agent and ag ive to the pro ons of my pos g filed to mer lity company	ree to act in this cap per and complete per ition as registered a ely reflect a change i has been notified in	acity. I further agree to formance of my duties, gent as provided for in the registered office writing of this change.	
(Signature of Registered Agent)		· <u>·</u>			
Elizabeth A. Dawson		dent P.O. Box 632	7, Tallahassee, FL	32314	

FILING FEE: \$25.00