(Re	equestor's Name)						
(Ac	ldress)	· .					
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(Ad	ldress)						
(City/State/Zip/Phone #)							
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PICK-UP	☐ WAIT	MAIL					
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(Bu	siness Entity Nam	ne)					
(Document Number)							
Certified Copies	_ Certificates	of Status					
Special Instructions to	Filing Officer:						
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DEBION
FINANCING
CONBULTING
ENGINEERING
CONSTRUCTION

November 21, 2006

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

Gentlemen:

2006 NOV 27 P 3: 35
SECRETARY OF STATE
AND ASSECUTION OR OTHER

We have enclosed a Cover Letter and an executed Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company, along with a check payable to the Florida Department of State, in the amount of \$25.00 for Nassant and Company, LLC, Document Number M99000000032.

If you have any questions, please contact me at the above address or by calling me at (781) 431-1030.

Sincerely,

Richard G. Connor

Comptroller

RGC:lah:enclosure

## **COVER LETTER**

	tion Section of Corporations	
SUBJECT:	Nassant and Compa	any LLC
<del></del>	(Name o	f Limited Liability Company)
Dear Sir or Mad	lam:	
The enclosed Re	egistered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all	correspondence concernir	ng this matter to the following:
Richard (	Connor	
	(Name of Person)	· .
c/o David	Nassif Company	200b SEC! TALL/
	(Firm/Company)	HÉ NO TI
195 Worces	ster Street, Suite 30	
	(Address)	FLOO
Wellesley	, MA _02481	3: 35 TATE ORIDA
	(City/State and Zip Code)	
	mation concerning this ma	
Richard C		at (781 ) 431–1030
1)	Name of Person)	(Area Code & Daytime Telephone Number)
Registrati Division o Clifton Bu 2661 Exec	/COURIER ADDRESS: on Section of Corporations uilding cutive Center Circle ee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed	is a check for the follow	ing amount:
<b>₩</b> \$25 Fi	iling Fee	\$55 Filing Fee & Certified Copy

## 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 limited	d liability company	is: Na	ssant and Company,	, L.L.C.		
2. The mailing address of	the limited liability	y company	is: <u>c/o David Nas</u> s	sif Company		
_195 Worcester Stree	t, Suite 301, N	Wellesley	, MA 02481			
1/8/1999			M9900000	10032		
3. Date of filing/registration in Florida		•	4. Document number			
5. The name of the registe Florida Department of S		egistered of	fice address as shown	on the records	of the	
		Antaramia	n			
	365 Fifth Ave	Name enue Soutl	n, Suite 201			
	Naples, FL	Address 34102				
	С	ity, State an	d Zip			
6. The name and address of	of the new registere	ed agent and	or office:	2006 SEC		
	David W. Nas	ssif		L NOV	N	
_	c/o Nassif I 9130 Galleri	Name Developmen ia Court,	nt L.L.C. Suite 316	1006 NOV 27 SECRETARY NLLAHASSEI		
	Florida street add	lress (P.O. E	Box NOT acceptable)	ل سنت	M	
<b>~</b> *	Naples	FL	34109	3: 3 STATE LORIC		
	Cit	y, State and	Zip	<sup>≫</sup>		
If the limited liability com confirmed that after the ch and the business office of liability company, it is her of the members of the lim or the operating agreement (Signature of a member or authority)	ange or changes ar the registered agen eby confirmed that ited liability comp nof the limited liab	re made, the it will be ide t the change any or as ot bility compa	Florida street address entical. Or, in the case (s) was/were authorize	of the register of a Florida li d by an affirm	red office mited native vote	
David W. Nassif			<u> </u>			
(Printed or typed name of signee)	ntmant as vaciotava	ad agant and	lagree to get in this es	macity I finit	har agraa to	
I hereby accept the appoil comply with the provision and I am familiar with and Chapter 608, F.S. Or, if the address I hereby confirm	inment as registere s of all statutes reli l accept the obliga his document is bei that the simited lia	ative to the parties of the parties	i ugree to act in this ca proper and complete p position as registered in merely reflect a change iny has been notified in	ipacity. I furtherformance of agent as proving the registen writing of the	per agree to my duties, ded for in red office is chänge.	

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

(Signature of Registered Agent)