M9900000151

	(Re	equestor's Name)	
	(Ad	dress)	
•	(Ad	ldress)	
· •	(Cit	ry/State/Zip/Phone) #)
PICI	K-UP	☐ WAIT	MAIL
	(Bu	siness Entity Nan	ne)
,	(Do	ocument Number)	
Certified Copies		_ Certificates	of Status

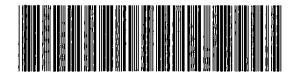
Special Instructions to Filing Officer:

L. SELLERS

APR 23 2008

EXAMINER

Office Use Only



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04/22/08--01024--014 **25.00

SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Metro Land Group, LLC	
(Name of Li	mited Liability Company)
Dear Sir or Madam:	·
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning to	his matter to the following:
(Name of Person)	
(Marie of Felicity)	
National Corporate Services, Inc.	
(Firm/Company)	
2 Club Contro Court Suita E	
2 Club Centre Court, Suite 5 (Address)	
, ,	
Edwardsville, IL 62025	
(City/State and Zip Code)	
For further information concerning this matter	m mlanga calli
r of further information concerning this matter	, please call.
Patty Boverie	at (866) 416-6274
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section
Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	_
✓ \$25 Filing 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 liability company is	: Metro Land Group, LLC	•		
2. The mailing address of the limited liability of	company is : <u>600 Mason Ridge Cent</u>	er Drive		
Second Floor, St. Louis, MO 63141				
05/18/99	M9900000751			
3. Date of filing/registration in Florida	4. Document number			
5. The name of the registered agent and the registered Department of State:	istered office address as shown on	the records of the		
CT Corporation Syste	m			
	Name			
1200 South Pine Islan	nd Road			
1200 Oddar ino isian	Address			
Plantation, FL 33324 City	, State and Zip	200 S TA		
6. The name and address of the new registered	agent and/or office:	2008 APR SECRET		
NRAI Services, Inc.		22 ASS		
	Name	j~i~ ; repr g		
2731 Executive Park D	Orive, Suite 4			
- · · · · · · · · · · · · · · · · · · ·	ss (P.O. Box NOT acceptable)	PM I2: 50 of STATE E. FLORID		
Weston	FL 33331			
City,	State and Zip			
If the limited liability company is not organized confirmed that after the change or changes are and the business office of the registered agent y	made, the Florida street address of	the registered office		

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.

(Signature of a member or authorized representative of a member)

GARY R. PARKER MANAGING MEMBER (Printed or typed name of signee)

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 608, 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. NRAIServices, Inc.

Signature of Registered Agent)
Sean L. Emerick, Asst. Secretary

Sean L. Emerick, Asst. Secretary

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