M99000001634

(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
· (B	usiness Entity Nar	me)	
(Document Number)			
Certified Copies	Certificate:	s of Status	
Special Instructions to Filing Officer:			
		;	
		!	
		s or Status	

Office Use Only



400131758604

ALL AHASSEE, FLOR

FILEU

HOT INTENDED
TO ACKNOWLEDGE

RECEIVED

DEPARTMENT OF STATE

DIVISION OF CORPORATION

2011 STATE

B. KOHR

JUL - 3 2008

EXAMINER



ACCOUNT NO. : 072100000032

REFERENCE : 636324 4305488

AUTHORIZATION

COST LIMIT

ORDER DATE : July 3, 2008

ORDER TIME : 1:10 PM

ORDER NO. : 636324-020

CUSTOMER NO: 4305488

CHANGE OF AGENT

NAME: NRI-CKT FORT MYERS, I, L.L.C.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Joyce Markley

EXAMINER'S INITIALS:

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. Name of the limited liability company: NRI-CKT FC	ORT MYERS, I, L.L.C.
 (a) Principal office address of limited liability compations: (Note: MUST BE STREET ADDRESS) 	ny: 127 Public Square; Mailcode; OH-01-27-0802 Cleveland, OH 44114
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	127 Public Square: Mailcode: OH-01-27-0802 Cleveland, OH 44114
10/15/99	M99000001634
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	n the records of the Florida Dept. of States
Registered Agent:	Schiffman, Alan T
Registered Office Address:	2235 Venetian Ct #5 Naples, FL 34109 US
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NI</u>	EW Registered Office address:
NEW Registered Agent:	Corporation Service Company
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	1201 Hays Street
	Tallahassee ,FL 32301
If the limited liability company is not organized under the that after the change or changes are made, the Florida streoffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company. (Signature of a member or gradificized representative of a member)	eet address of the registered office and the business case of a Florida limited liability company, it is
James H. MacQueen (Printed or typed name of signee)	
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p am familiar with and accept the obligations of my positio F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notifications of Repsiered Agent) (Signature of Repsiered Agent)	agree to act in this capacity. I further agree to ropper and complete performance of my auties, and I in as registered agent as proyided for in Chapter 608, a change in the registered office address, I hereby ed in writing of this change. Oyoe L. Markiey as its agent
Division of Cornevations R.O. Po	x 6227 Tollahosson El 22214

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