

L12000143184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

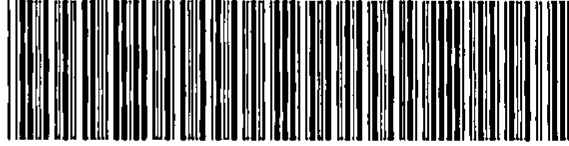
(Business Entity Name)

(Document Number)

Additional Copies _____ Certificates of Status _____

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REC'D
2021 FEB 05 AM 8:28
STATE OF FLORIDA
TALLAHASSEE, FL

2021 FEB 05 PM 1:22

NOT SUI KEE
FEB 08 2021

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 2/5/2021

****WALK IN****

ENTITY NAME 1609 CHINABERRY WAY LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy
Certified Copy
Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments
Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25.00

ACCOUNT #: 120160000072

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1609 CHINABERRY WAY 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:

James Connolly
Name of Person

Harbor Compliance
Firm/Company

1830 Colonial Village LN
Address

Lancaster, PA, 17601
City/State and Zip Code

corporate@harborcompliance.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Connolly at (717) 431-9130
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

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: 1609 CHINABERRY WAY LLC

2. (a) 1609 Chinaberry way (b) PO Box 5883
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*

Naples, FL 34105 Midlothian, VA 23112

3. 11/13/2012 4. L12000143184
 Date of filing/registration in Florida Document number

5. (a) Bauer, Gwen B
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1609 Chinaberry way
 Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Naples, FL 34105

(b) Registered Agents Inc.
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

7901 4th St N
NEW Registered Office Address:
STE 300
St. Petersburg, FL 33702

2011 FEB -5 AM 8:29
 STATE
 TALLHASSEE, FL
 FILED

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.

Gwen Bauer Gwen Bauer
 Signature of a member or authorized representative of a 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 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.

Bill Havre Bill Havre - Assistant Secretary
 Signature of Registered Agent