L16000065529

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(Address)							
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PICK-UP WAIT	MAIL						
(Business Entity Name)							
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Tiffany Brown tiffany.brown@cscglobal.com

Date: September 8, 2020

Order#: 403584/005

Re: 342 7TH STREET NAPLES, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Tiffany Brown c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.

l.	Na	me of the limited liability company: 342 7TH STRE	ET NAF	PLES, LLC	
2	(a)			(b)	
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		4360 BROWNSBORO ROAD SUITE 101			
		LOUISVILLE, KY 40207			
		04/04/2016		L1600006	55529
3.		Date of filing/registration in Florida	_ 4.		Document number
5	(a)				
٦.	(a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Sta	ite:
		C T CORPORATION SYSTEM			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_	
1200 SOUTH PINE ISLAND ROAD					
		PLANTATION	33324	ı	
(b)					
		NEW Registered Office Address:			_
1201 Hays Street				_	
		Tallabassaa	32301		
		Tallahassee, FI			
ch ag wa	ange ent v is/we	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of the li	ered office as company, it mited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
		Tony Christensen		ony Christer	nsen, Manager
	-	ture of a member or authorized representative of a member			Printed or typed name of signee
the to	ovisi e obl mer tified	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	perform d for in	nance of my Chapter 60	duties, and Lam familiar with and accept 5. F.S. Or. if this document is being filed
51	gnatu	re of Registered Agent Grace E. Kirby, Asst. Vice Pre	sident		

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