## 121000112674

(Re	equestor's Name)	
<b>V</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
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(100	ocument Number)	
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## 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.

2 (a)		(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing a	ddress of limited liability company:  MAY BE POST OFFICE BOX)
	375 12th Avenue S.	375 12th Avenue S	). 
	Naples, FL 34102	Naples, FL 34102	
	3/18/2021	1.21000112674	
3.	Date of filing/registration in Florida	4. Docum	nent number
5. (a)			
J. (u)	Registered Agent and Registered Office shown on the record	s of the Florida Dept. of State:	
	Corporation Service Company		2
	Registered Office Address (MU/ST BE FLORIDA STRE	ET ADDRESS)	022 SEC
	1201 Hays Street	<u> </u>	
	Tallahassee		THE PM 6: 39 2022 JAN 18 PM 6: 39 SECRETARE APPLICATE STATE
			PA
(b)			a di
	Enter name of NEW Registered Agent and/or NEW Registo	ered Office address:	39 757
	HL Statutory Agent, Inc.		;·· <b>·</b>
	NEW Registered Office Address:		
	5811 Pelican Bay Blvd., Suite 650		
	Naples	, FL <sup>34108</sup>	
		L Edi. C ETI i.	In the constitution of the configuration
change	limited liability company is not organized under the e or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited	the registered office and the bu	isiness office of the registered
was/w	ere authorized by an affirmative vote of the membe	rs of the limited liability compa	any or as otherwise provided in
	igles of organization or the operating agreement of		
шчодД	A	Kelly Musico, Manager	
kelle		Dimend	or timed manual diamon
sign	tarreculf armember or authorized representative of a member		or typed name of signee
Signs  I here provis the obs to mer		agree to act in this capacity. I ele performance of my duties, d ided for in Chapter 605, F.S. (	further agree to comply with the ind I am familiar with and accept Or, if this document is being filed