

L220000085489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

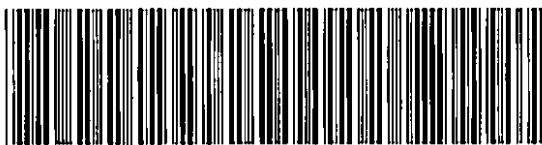
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300418009933

LLC RAERO
Change

FILED
2023 OCT 26 AM 9:26
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

RECEIVED
2023 OCT 26 PM 3:31
DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
& TRUST ASSESSMENT
TALLAHASSEE, FLORIDA

A. RAMSEY

OCT 27 2023

CT CORP
(850) 656- 4724
3558 lakesore Drive
Tallahassee, FL 32312

Date: 10/26/2023

Acc#I20160000072

Eric SW

Name:	1645 BONITA CT., LLC
Document #:	
Order #:	15189165

Certified Copy of Arts & Amend:	<input type="checkbox"/>	
Plain Copy:	<input type="checkbox"/>	
Certificate of Good Standing:	<input type="checkbox"/>	
Certified Copy of	<input type="checkbox"/>	
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:
		Number of Certs:

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability ____
 Document ____
 Examiner ____
 Updater ____
 Verifier ____
 W.P. Verifier ____
 Ref# ____

Amount: \$ 25.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1645 Bonita CT, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jo Ann Czomba
Name of Person

Broad Ave Studios, Inc.
Firm/Company

294 14th Avenue S
Address

Naples, FL 34102
City/State and Zip Code

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

For further information concerning this matter, please call:

Sean Murphy at (202) 329-1654
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

INHS18 (2/14)

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: 1645 Bonita CT, LLC

2. (a) 294 14th Avenue South
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Naples, FL 34102

(b) 294 14th Avenue South
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Naples, FL 34102

3. 03/01/2022 Date of filing/registration in Florida

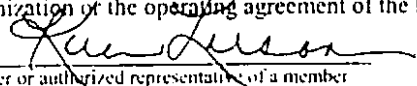
4. L22000085489 Document number

5. (a) Corporation Service Company
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1201 Hays Street
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Tallahassee, FL 32301


(b) C T Corporation System
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
1200 South Pine Island Road
Plantation, FL 33324

FILED
 2023 OCT 26 AM 9:26
 STATE OF FLORIDA
 DEPARTMENT OF STATE

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.

 Karen Larson
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.

By: C T Corporation System 
Signature of Registered Agent

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