(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:								
J. HORNE								
OCT - 6 2023								

Office Use Only



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23 OCT -5 APRO: 15

CORPORATION SERVICE COMPANY

CONTACT PERSON: Eyliena Baker

1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

		ACC	OUNT NO.	:	I20	00000	0195	
		R	EFERENCE	:	013	618	8293887	
		AUTHO	RIZATION	:	,	Korl	Lena	
		CO	ST LIMIT	:	\$ 2	5.00	/	
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ORDER 1	DATE :	Septemb	er 22, 20	23				
ORDER '	ΓIME :	9:32 A	M					
ORDER I	NO. :	013618-	094					
CUSTOM	ER NO:	8293	887					
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	NIA MT	CTMD	LY STORAG	TT NT	מ זרת א	C X TD	DODE.	
	NAME:		LI SIORAG , LLC	E NA	APLE	S AIR	PORI	
PLEASE	RETURN	THE FOL	LOWING AS	PRO	OOF	OF FI	LING:	
	_ CERTII	FIED COP	Y					
XX	_ PLAIN	STAMPED	COPY					

EXAMINER'S INITIALS:

## 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	ime of the limited liability company:	GE NA	PLES A	AIRPORT ROAD, LLC
2. (a)	4901 Vineland Road Suite 350	1	b) 490°	1 Vineland Road Suite 350
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		,	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	Orlando, FL 32811	_	Orlai	ndo, FL 32811
	02/16/2016	_	M160	00001328
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
<i>y</i> . (u)	Registered Agent and Registered Office shown on the records of COGENCY GLOBAL INC.	he-Flori	da Dept. c	_ <del></del>
	Registered Office Address (MUST BE FLORIDA STREET)	—		
	115 NORTH CALHOUN ST., SUITE 4			
	TALLAHASSEE	32301		FILED 23 OCT -5 AA
	, FL		_	
(b)				
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office 2	ddress:	<u> </u>
	Corporation Service Company			
	NEW Registered Office Address:			
	1201 Hays Street			
	·			
	Tallahassee, FL	32301		
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe bility c f the lii	ed offic ompany nited lia	te and the business office of the registered that the change(s) ability company or as otherwise provided in
	/S/ Jill Cilmi	Jill ——	Cilmi, A	Authorized Person
_	ure of a member or authorized representative of a member			Printed or typed name of signee
I hereb provisio the obli to mere potifica	oy accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I h I'in writing of this change.	ee to ac perforn f for in ereby c	t in this sance of Chapter confirm	capacity. I further agree to comply with the my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been
·	Lince Cottobly c of Registered Agent		Grace	E. Kirby, Asst. Vice President