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C. GOLDEN

JUL - 5 2018

COVER LETTER

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SUBJECT: Basanative Concience Inc.
DOCUMENT NUMBER: P 080000 84839
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Richard S. Miller Name of Contact Person Banana Tree Concierge, Fra Firm/Company
5301 Stevens Dr. Address
Scra Sota 7L 34234 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Richard S. Miller at (941) 780 - 9100 Name of Contact Person at (941) 780 - 9100 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Street Address: Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA
in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: Banana Tree Conciency Inc
2. The principal office address: 5301 Stevens De
3. The mailing address (if different):
4. Date of incorporation/qualification: 9 - 15 - 2008 Document number: P 080008483
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Florida Department of State: (If resigned, enter resigned) (esigned Darian Hout Miller Darian Hout Miller Darian Hout Miller Darian Hout Miller Darian Dari
6. The name and street address of the new registered agent (if changed) and /or registered officers (if changed):
5301 Stevens DR P.O. Box NOT acceptable Sarasota FL 34234
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. Alian Hoyt Miller Printed or typed name and title 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
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change. Signature of Registered Agent Signature of Registered Agent
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *