LD1000013823

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document 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 608.416 or 608.508, 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. Na	me of the limited liability company: SCHWARTZ CHARLOT	TE PROPERTIES II, L.L.C.		
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	1004 North Lockwood Ridge Road Unit A		
	(Note: MUSI BE STREET ADDRESS)	Sarasota, Florida 34237		
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same as Above		<u> </u>
08/17/20		L01000013823		
3. Da	te of filing/registration in Florida	4. Document number		
5. (a)	Registered Agent and Registered Office shown on t	he records of the Florida D	Dept. of State:	
	Registered Agent:	Jeffrey S. Russell		
	Registered Office Address:	240 S. Pineappie Avenue, 8th Floor		warren.
	Registered Office Address.	Sarasota, Florida 34236	<u> </u>	- × × × × × × × × × × × × × × × × × × ×
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			- 3	Lawa.
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office addr		£
	NEW Registered Agent:	Jan W. Pitchford	高品 2	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	240 S. Pineapple Avenue, 10th Floor		
	(MOST BE PEORIDA STREET ADDRESS)	Sarasota	.FL 34236	
confiring and the liabilith the means the op-	limited liability company is not organized under the I med that after the change or changes are made, the FI e business office of the registered agent will be identity company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise rating agreement of the limited liability company.	orida street address of the cal. Or, in the case of a Fl was/were authorized by ar	registered office lorida limited n affirmative vol	te of
Signatur	re of a member of authorized representative of a member			
Printed	or typed name of signee			
I here compl and I d Chapt addres	by accept the appointment as registered agent and a y with the provisions of all statutes relative to the product familiar with and accept the obligations of my power 608, F.S. Or if this document is being filed to mess, I hereby confirm that the limited liability company to of Registered Agent	gree to act in this capacity, per and complete perform sition as registered agent a rely reflect a change in the has been notified in writing	. I further agree ance of my duti is provided for i registered offic ng of this chang	e to es, in ee e.

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