- 4020000000944

700 Eleventh Street South
Penthouse II
Naples, FL 34102

City/State/Zip Phone #

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	ce Use Only		
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if kno	2 APF	
(Corporation Name)	(Document #)	FILED 24 PM TARY OF ASSEE, F	
2. (Corporation Name)	(Document #)	2: 21 STATE LORIDA	
3. (Corporation Name)	(Document #)	<u> </u>	
4(Corporation Name)	(Document #)		
☐ Walk in ☐ Pick up time _		Certified Copy	
☐ Mail out ☐ Will wait	Photocopy	Certificate of Status	
NEW FILINGS	AMENDMENTS		
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger		
OTHER FILINGS	REGISTRATION/QUALIFICATION		
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	-	
		Examiner's Initials	

CR2E031(7/97)

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.

agent, or oom, in the	he state of Prortati.			
1. The name of the	e limited liability company is:	LOOSERS	CAMP	LLC.
2. The mailing add	dress of the limited liability company	is: <u>700</u>	ELEVENTU	ST.S.
P42 2	IAPLES. FLORIDA 3	4102		
FEB 7 4.	2002 , egistration in Florida	<u> </u>	0002944 umber	
5. The name of the Florida Departm	registered agent and the registered of lent of State:			
	Name 1840 SOUTHWA Address MIAMI FL 33 City, State as address of the new registered agent and Name 700 ELEVENTY ST. Florida street address (P.O.		,	FILED
	NAPLES FL City, State and	3 44 0 2 1 Zip		-
confirmed that after and the business of liability company, the members of the the operating agree (Signature of a member)	ity company is not organized under the change or changes are made, the ffice of the registered agent will be id it is hereby confirmed that the change limited liability company or as other ment of the limited liability company or authorized representative of a member)	ne laws of the State of the Florida street address entical. Or, in the case(s) was/were authorizewise provided in the	Florida, it is here is of the registered in a Florida limited by an affirmation articles of organiz	office
(Printed or typed name	H. TYRRELL - DIRECTOR Signee)	TOR	- '	
I hereby accept th	te appointment as registered agent an ovisions of all statutes relative to the with and accept the obligations of my Or if this document is being filed to confirm that the limited liability compositions of the confirmation of	d garee to act in this	capacity. I further performance of m d agent as provide ge in the registere in writing of this	agree to y duties, d for in d office change.
	Division of Corporations, P.O. Box	6327, Tallahassee, I	FL 32314	
INHS18(10/99)	FILING FEI	E: \$25.00		

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