## L030000/7057

| (Re                     | equestor's Name)   |                                       |
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| PICK-UP                 | ☐ WAIT             | MAIL                                  |
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| Certified Copies        | Certificates       | or Status                             |
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| Special Instructions to | Filing Officer:    |                                       |
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C. LEWIS OCT 202008 EXAMINER

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |   |                                      |
|--|---|--------------------------------------|
| SUBJECT: Captiva Coral, LLC  |   |                                      |
| (Name of I   | Limited Lia   | bility Company)                      |
| Dear Sir or Madam:   |   |                                      |
| The enclosed Registered Agent/Registered Offi  | ice Change  | and fee(s) are submitted for filing. |
| Please return all correspondence concerning the  | is matter to  | the following:                       |
|  |   | ~ ·                                  |
| Oliver Huttner   |   |                                      |
| (Name of Person)   |   | _                                    |
| Management Tax Consulting, Inc.  |   |                                      |
| (Firm/Company)   |   | <del></del>                          |
| ままくれ だった   |   | 1955年, 明报(1950)                      |
| 1221 SW 10th Ter. 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1   | the con-  | _                                    |
| (Address)  |   |                                      |
| Cape Coral, FL 33991   |   | ,                                    |
| (City/State and Zip Code)  |   | <del></del>                          |
|  |   |                                      |
| For further information concerning this matter,  | please call   | :                                    |
| Oliver Huttner   | nt ( 239  | ) 645-4208                           |
| (Name of Person)   | ** \  | 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 (5/08)  |   |                                      |
| 111010 (0100)  |   |                                      |

## 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.

| Name of the limited liability company: Captiva Coral, LLC  |   |  |  |
|--|---|--|--|
| 2. (a) Principal office address of limited liability company ( <i>Note: MUST BE STREET ADDRESS</i> )   | : 201 Hummingbird Drive  North Captiva Island, FL 33924   |  |  |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)   | 1221 SW 10th Ter  Cape Coral, FL 33991  |  |  |
| October 14, 2008  3. Date of filing/registration in Florida  | <u>L03000017057</u> 4. Document number  |  |  |
| 5. (a) Registered Agent and Registered Office shown on t   | he records of the Florida Dept. of State:   |  |  |
| Registered Agent:  | Thomas W. Hill  |  |  |
| Registered Office Address:   | 1318 Lafayette Street Cape Coral, FL 33904  |  |  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>  | V Registered Office address:  |  |  |
| NEW Registered Agent:  | Management Tax Consulting, Inc.   |  |  |
| <u>NEW</u> Registered Office Address:<br>(MUST BE FLORIDA STREET ADDRESS)  | 1221 SW 10th Ter  |  |  |
|  | Cape Coral         ■ ,FL 33991  |  |  |
| If the limited liability company is not organized under the limited that after the change or changes are made, the Florida stree office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized b liability company or as otherwise provided in the articles of limited liability company.  (Signature of a member or authorized representative of a member) | t address of the registered office and the business ase of a Florida limited liability company, it is y an affirmative vote of the members of the limited   |  |  |
| Rudger A Weiszflog (Printed or typed name of signee)   | _   |  |  |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prounding the am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified.   | gree to act in this capacity. I further agree to oper and complete performance of my duties, and I as registered agent as provided for in Chapter 608, change in the registered office address, I hereby in writing of this change. |  |  |
| (Signature of Registered Agent)  | 음 8 기   |  |  |
| Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314   |   |  |  |
| INHS18 (05/08)   |   |  |  |