Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0380

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Account Name : C T CORPORATION SYSTEM

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REGISTERED AGENT CHANGE

CAPE CORAL SB, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

	EMILITE COMPANY	•
Pursuant to the provisions of sections 608.416 of liability company submits the following statement agent, or both, in the State of Florida.	r 608.508, Plorida Statutes, the under in order to change its registered office	signed limited or registered
1. The name of the limited liability company is:	apr Comi 58, LLC	
2. The mailing address of the limited liability company is : 4001 Tamiami Trail North, Suits 350, Naples, FL.		
34103	•	_
	X 07000040012	
December 3, 2003 3. Date of filing/registration in Florida	4. Document number	
3. Date of hungregistration in Plotter	4. Document number	
5. The name of the registered agent and the register Florida Department of State:	ed office address as shown on the record	s of the
Leo I. Salvatori		
X	ame	
4001 Taraiami Trail North, S		50 C
	dress	O4 MAR SECRET
Naples, FL 34103 City, St	sie and Zip	곡유 중
•	•	MAR 15 AM 9: ECRETARY OF 5 L
6. The name and address of the new registered agen	it and or other.	88.2 8.2 8.2 8.2 8.2 8.2 8.2 8.2 8.2 8.2
C T Corporation System		mg ₹
Na	me	F 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
1200 South Pine Island Road		ORID ORID
Florida street address (F	O. Box NOT acceptable)	I.
Plantation F	1 33324	
City, State	e and Zip	
If the limited liability company is not organized und confirmed that after the change or changes are made and the business office of the registered agent will bliability company, it is hereby confirmed that the change members of the limited liability company or as the operating agreement of the limited liability company or as the operating agreement of the limited liability company or as the operating agreement of the limited liability company or as the operating agreement of the limited liability company of the limited of typed more of signle. I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 508, F.S. Or, if this document is being filed accepts the limited liability of the company of the limited liability of the company of the limited liability of the company of the limited liability of the	e, the Florida street address of the register to identical. Or, in the case of a Florida list ange(s) was were authorized by an affirm otherwise provided in the articles of organizative. I and agree to act in this capacity. I furtified proper and complete performance of	red office imited native vote of nization or hization or her agree to fmy duties,
Christin	M. Eastwine	
(Significate of Registered Affini)	Social Tallahassee, FL 32314	
24-mint of cortic and 193 T 101 1		

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