

L04000060206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

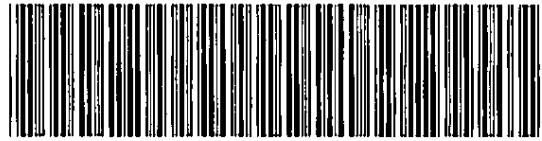
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700317270467

08/21/16--01019--011 4435.10

FILED

18 AUG 21 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 25 2018

S. YOUNG

COVER LETTER

T/O: Registration Section
Division of Corporations

SUBJECT: FIRST CYPRESS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KIMBERLY P. THORNTON

Name of Person

FIRST CYPRESS, LLC

Firm/Company

PO BOX 855

Address

BONITA SPRINGS FL 34133

City/State and Zip Code

KPTHORNTON@ORANGETREEASSOCIATES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIMBERLY P. THORNTON

Name of Person

at (239) 596-4088

Area 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

FILED
18 AUG 21 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company: FIRST CYPRESS, LLC

2. (a) 14170 TAMiami TRAIL (b) PO BOX 855

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

NAMES R 34110

BONITA SPRINGS FL 34133

8/4/13 8/13/04

L04000060206

3. Date of filing/registration in Florida

4. Document number

5. (a) AMMARRY CIFUENTES
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1715 MONROE STREET
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)

FT MYER, FL 33902

FILED
18 AUG 21 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(b) HF REGISTERED AGENTS, LLC
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1715 MONROE STREET
NEW Registered Office Address:

FT. MYERS, FL 33901

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Roberto Ball

Signature of a member or authorized representative of a member

ROBERTO BALL

Printed or typed name of signer

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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent