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INHS18 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: By the part development Name of Limited Li	ability 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 f	ŭ
this matter to the t	onowing.
Thomas Nutten Name of Person	<u></u>
By 16, part developments LIC Firm/Company	_
3002 Bay Heron Place Address	_
Tampe, FL 33611 City/State and Zip Code	_
E-mail address: (to be used for future annual report notific	ation)
For further information concerning this matter, please call:	2020 J SECRITAL
Thomas Nutten al (941) 586 0549 E
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	CAMP A A A A
Registration Section	Registration Section
Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
≦ \$25 Filing Fee □ \$55	Filing Fee & Certified Copy

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: By the park developm	earte 116
	as Hever Place
(B) A A A A COURT OF A A A COURT OF THE PARTY OF THE PA	dress of limited liability company: AAY BE POST OFFICE BOX)
Tampa Fe Tampa	
· · · · · · · · · · · · · · · · · · ·	
356[7]	
March 7. 2020 105000	<u>20 16 792</u>
Date of films/surfamed as 1 Pt 11	nt number
5. (a) David Silborstein	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
1515 0000	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
STE 860	
Savasota FL 34236	202 SE
	PE JUL 2020 JUL SECRETALLA
(b) Allison Raver	
Enter name of NEW Registered Agent and/or NEW Registered Office address:	6
	S S S S S S S S S S S S S S S S S S S
1607 West (leveland Au	
NEW Registered Office Address:	: +0
STE 102	m O
Tampa .FL 33606	
- Jampa .FL 33606	
If the limited liability company is not organized under the laws of the State of Florida, it is change or change are made the Florida street address of the	hereby confirmed that after the
viaings of changes are made, life Fibrida sirver address of the redictered office and the business	acconstitute of the manifester of
agent will be identical. Or, in the case of a Florida limited liability company, it is hereby cowas/were authorized by an affirmative vote of the members of the limited liability company the articles of organization or the appreciate of the limited liability company	Ontirmed that the change(s) or as otherwise provided in
the articles of organization or the operating agreement of the limited liability company.	or as other wise provided in
Thomas N	ritten
Signature of a member or authorized representative of a member Printed or to	syped name of signee
I hereby accept the appointment as registered agent and agree to act in this capacity. I fur provisions of all statutes relative to the proper and complete performance of my duties, and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, to merely reflect a change in the registered office address. I hereby confirm that the limited notified in grifing of this change.	
Signature of Registered Agent	