1050000037155

(R	equestor's Name)	•
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	e)
(D	ocument Number)	
Certified Copies	Certificates of	of Status
Special Instructions	Filing Officer:	DB
	Office Use Only	



600109603536

09/19/07--01030--021 **25.00

OT SEP 19 AM II: 11
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 27300 J. C. (Name of I	Lane LLC 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	g this matter to the following:	
Abigail Walker (Name of Person) (Firm/Company) 27606 Wiscons in St (Address) Bonita Springs, I-L (City/State and Zip Code) For further information concerning this matter	34/35	
•		
(Name of Person)	at (239) 948-78 78 (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	ing amount:	
X \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

INHS18 (8/05)

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.

agera, or born, in the state of 1 toriam.	
1. The name of the limited liability company is:	27300 J.C. Lane LLC
2. The mailing address of the limited liability company	y is: 3590 23rd Ave SW.
	Naples FL 34117.
April 15, 2005	L05000037155
3. Date of filing/registration in Florida	4. Document number
5. The name of the registered agent and the registered of Florida Department of State: Jon athan H. Green	
Jonathan H. Green Name 799 Brickell Addre Migmi, FL 33, City, State i	Plaza Ste 700 ss
6. The name and address of the new registered agent ar Gary Wilson Porter Wright Morr Name 5801 Pelican Bay Florida street address (P.O.	Alasse 300 Box NOT acceptable) ARE 100 ARE 100
Na plas FL City, State ar	34108
•	•
If the limited liability company is not organized under confirmed that after the change or changes are made, it and the business office of the registered agent will be is liability company, it is hereby confirmed that the chang of the members of the limited liability company or as or the operating agreement of the limited liability company or as (Signature of a member or authorized representative of a member)	the Florida street address of the registered office dentical. Or, in the case of a Florida limited years) was/were authorized by an affirmative vote
Elsworth E. McInture	
(Printed or typed name of signee)	
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of m Chapter blog, F.S. Or if this document is being filed to address thereby confirm that the limited liability complete of Registered Agent)	nd agree to act in this capacity. I further agree to e proper and complete performance of my duties, y position as registered agent as provided for in merely reflect a change in the registered office pany has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00