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SECRETARY OF STATE
TAILAHASSEE, FLORIDA

FE3.17.005

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	Douglas Square, LLC	
		e of Limited Liability Company
Dear S	ir or Madam:	
The en	closed Registered Agent/Registered Off	ce Change and fee(s) are submitted for filing.
Please	return all correspondence concerning the	s matter to the following:
Kelly	Hooper	
	Name of Person	·
Bisho	ppBeale	
	Firm/Company	
250 N	North Orange Avenue, Suite 1500	
	Address	
Orlan	ndo, FL 32801	
	City/State and Zip Code	
	@bishopbeale.com	
E	E-mail address: (to be used for future ann	ual report notification)
For fu	rther information concerning this matter,	please call:
Kelly	Hooper	407 426-7702
	Name of Person	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
INHS1	8 (2/14)	

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. N	ame of the limited liability company: Douglas Squ	uare, LLC				
2. (a)	-recently changed via e-mail to Sunbiz	(b) -recen	tly changed via e-mail	to Sunbi	z	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liab		·:	
	250 North Orange Ave., Suite 1500	250 No	orth Orange Ave., Suit	e 1500		
	Orlando, FL 32801	Orland	o, FL 32801			
,	7/23/05	L050000	072601			
3.	Date of filing/registration in Florida	4.	Document number	<u> </u>		
5. (a)	William D. Bishop III					
J. (a)	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of Sta	 ate:			
	1321 Edgewater Dr.	·				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)				
	Suite 2					
	Orlando, FL	32804	_	TA'S		
			_	ECF ECF	5 F	
(b)	same name as above		_	HA AHA	83	-
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:		TARY OF	2	ř
	250 North Orange Ave.			E 0F 0	P#	ŗ
	NEW Registered Office Address:			F STATE FLORID		
	Suite 1500			IDA IDA	£	
	Orlando, Fl	L_32801				
the cha agent v was/wa	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered office iability company, it of the limited liabili	ce and the business office is hereby confirmed that t ity company or as otherwise	of the regis he change(s	tered s)	
Signa	ture of a member or authorized representative of a member		Printed or typed name of sign	nee		
I here provisi the obl to mero notified	hy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change	ree to act in this ca e performance of my ed for in Chapter 60 hereby confirm tha	pacity. I further agree to o duties, and I am familiar 5, F.S. Or, if this docume t the limited liability comp	comply with with and a ont is being vany has be	n the ccept filed en	
Signatu	re of Registered Agent					