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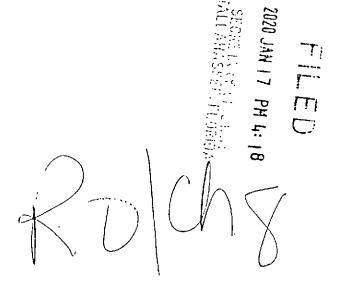
| (Requestor's Name) | | | | | | |
|-----------------------------------------|-------------------|-------------|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (Cit | y/State/Zip/Phone | e #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies | _ Certificates | s of Status | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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COVER LETTER

| | istration Section sion of Corporations | | | | |
|------------------------|------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| SUBJECT: | SARASOTA ASSOCIATES, LLC | | | | |
| 00000011 | Name of Limited Liability Company | | | | |
| Dear Sir or N | Aadam: | | | | |
| The enclosed | Registered Agent/Registered Office C | nange and fee(s) are submitted for filing. | | | |
| Please return | all correspondence concerning this ma | eter to the following: | | | |
| ВЕТТУ А МО | ORRIS | | | | |
| | Name of Person | | | | |
| SARASOTA . | ASSOCIATES, LLC | | | | |
| | Firm/Company | | | | |
| 1415 2ND ST | UNIT 912 | | | | |
| | Address | | | | |
| SARASOTA. | FL 34236-5118 | | | | |
| | City/State and Zip Code | · | | | |
| CONSULTAN | NT@SARASOTAASSOC.COM | | | | |
| E-mail a | address: (to be used for future annual re | port notification) | | | |
| For further in | formation concerning this matter, pleas | e call: | | | |
| ВЕТТУ А МС | DRRIS at | 941 232-0075 | | | |
| | Name of Person | Area Code & Daytime Telephone Number | | | |
| Regis Divis P.O. | ing Address: stration Section sion of Corporations Box 6327 hassee, FL 32314 | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | | |
| Enclo | osed is a check for the following amou | nt: | | | |
| = \$2: | 5 Filing Fee | ☐ \$55 Filing Fee & Certified Copy | | | |

INHS18 (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. | Na | me of the limited liability company: SARA | SOTA ASSO | DCIATE | ES, LLC | |
|-------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-----------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. (| a) | 1415 2ND ST UNIT 912, SARASOTA FL 342 | 36-5118 | Œ |) 1415 2 | ND ST UNIT 912, SARASOTA FL 34236-5118 |
| (| , | Principal office address of limited liability ec (Note: MUST BE STREET ADDRES | | ~ (· | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | | 05/12/2006 | | _ | 1.06000 | 140722 |
| 3. | | Date of filing/registration in Florid | | 4 | L060000 | |
| | (a) | BETTY A MORRIS | a | 4. | | Document number |
| | • , | Registered Agent and Registered Office shown on th 5784 FERRARA DR STE 103, SARASOTA F | | e Florida | Dept. of : | State: |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | |
| | | | , FL | _ | | FILE 2020 JAN 17 P 2020 JAN 17 P |
| (1 | b) | BETTY A MRRIS | | | | SE IN |
| | | Enter name of NEW Registered Agent and/or NEW Registered Office address: 1415 2ND ST UNIT 912, SARASOTA FL 34236-5118 | | | | T RIF. 18 |
| | | NEW Registered Office Address: | | | | |
| | | | , FL | | | |
| agen was/ | ge t w we | mited liability company is not organized und or changes are made, the Florida street addr ill be identical. Or, in the case of a Florida re authorized by an affirmative vote of the netes of an affirmative vote of the netes of an anization or the operating agreements. | ess of the re limited liabl nembers of t | gistere ility co the lim | d office mpany, i ited liabi | t is hereby confirmed that the change(s) lity company or as otherwise provided in |
| | | Bet Mon. | | BER | T W MO | RRIS, MGRM |
| Sig | nati | ire of a member or authorized representative of a men | nber | - | | Printed or typed name of signee |
| the o to me notif | bli ere ìed | y accept the appointment as registered agenous of all statutes relative to the proper and gations of my position as registered agent as reflect a change in the registered office as in writing of this change. | nt and agree complete pe s provided f ddress, I hen) | to act erforma or in C reby co | in this co nce of m hapter 6 nfirm the | apacity. I further agree to comply with the weduties, and I am familiar with and accept 05. F.S. Or, if this document is being filed at the limited liability company has been |