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(Ке	equestor's Name)
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(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
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JUL 2/ 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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			ACCOUNT NO.	:	120000000	195	
			REFERENCE	:		4313323	
			AUTHORIZATION	ت : ت	Servelo et e	han	
			COST LIMIT	:	\$ 25.00		
ORDER	DATE	:	July 26, 2022				
ORDER	TIME	:	9:34 AM				
ORDER	NO.	:	833655-005				

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CHANGE OF AGENT

NAME: PINK SHELL PROPERTIES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CUSTOMER NO: 4313323

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations

Pink Shell Properties, LLC

SUBJECT:

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:

Charles M. LeSchack

Name of Person

Cummings & Lockwood LLC

Firm/Company

Six Landmark Square, 9th Floor

Address

Stamford, CT 06901

City/State and Zip Code

cleschack@cl-law.com

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

For further information concerning this matter, please call:

Charles M. LeSchack	203 351-4418 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	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

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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.

i)		(b)	
a) Principal office address of Im (<u>Note: MUST BE STR</u>			Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
94 Lower Loch Vista		94	Lower Loch Vista
Winnetka, WI 53191		W	innetka, WI 53191
6/23/2006			L06000064297
Date of filing/registrat	ion in Florida	-4.	Document number
a)			
Registered Agent and Registered Offi	ce shown on the records o	l'the Florida Dep	t. of State;
CLASP, INC.			
Registered Office Address (MUST	" BE FLORIDA STREET	ADDRESS)	20
3001 Tamiami Trail N, 4th Flo	or		
Naples	F	34103	TALLAR
)			
)	nt and/or <u>NEW Registere</u>	d Office address	
Corporation Service Company			AH 9: 44 E. FITE
NEW Registered Office Address:		**	
1201 Hays Street			
Tallahassee	, F	J32301	
			e of Florida, it is hereby confirmed that afte
e or changes are made, the Florid	a street address of the	e registered of	fice and the business office of the registered ny, it is hereby confirmed that the change(s

Signature of a member or authorized representative of a member

£

Moira Haney-Ullrich

Printed or typed name of signee

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.

Assistant Vice President

Signature of Registered Agent

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