L0700006495

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(Requestor's Name)				
(Address)				
(last ass)				
(Address)				
(Ci	ity/State/Zip/Phone#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(D)	ocument Number)	· · · · · ·		
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Certified Copies	Certificates o	f Status		
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Special Instructions to Filing Officer:				
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O SIMMONS MAY 1 4 2018

COVER LETTER

_	stration Section sion of Corporations		·	
SUBJECT:	Dockside, LLC			
SOBJECT:	Nan	ne of Limited	l Liability Company	
Dear Sir or I	Madam:			
The enclosed	d Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.	
Please return	all correspondence concerning th	is matter to	the following:	
George V	ukobratovich			
_	Name of Person			
Welsh Co	mpanies FL, Inc.			
	Firm/Company			
2950 Tam	iami Trail N, Suite 200			
	Address			
Naples, FI	Lorida 34103			
	City/State and Zip Code		- 	
loric@wel	shfl.com			
E-mail	address: (to be used for future ann	nual report n	otification)	
For further information concerning this matter, please call:				
Lori Cook		239	261-4744	
	Name of Person		Area Code & Daytime Telephone Number	
STR	EET/COURIER ADDRESS:		MAILING ADDRESS:	
	stration Section		Registration Section	
	sion of Corporations		Division of Corporations	
	on Building Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314	
	ahassee, Florida 32301		t alialiassee, Fluttua 32314	
Encl	Enclosed is a check for the following amount:			
2) \$2	25 Filing Fee	0	\$55 Filing Fee & Certified Copy	

INH\$18 (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.

I. Na	me of the limited liability company: Dockside, LL		
2. (a)	2950 Tamiami Trail N., Suite 200	/h	b) PO Box 96
<i>2</i> . (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Naples, FL 34103		Swampscott, MA 01907
	1/17/07		L07000006495
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CT Corporation System		
(-,	Registered Agent and Registered Office shown on the records of 1200 South Pine Island Rd	the Florida	la Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET) Plantation, FL 33324	ADDRESS	
	. FI	L	
(b)	George Vukobratovich Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	
	Welsh Companies FL, Inc.		
	NEW Registered Office Address:		
	2950 Tamiami Trail N., Suite 200		
	Naples,	3410 <u>3</u>	1
the cha agent was/we the arti Signal I herei provisi the obl	imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the little of amember or authorized representative of a member by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I writing office address, I writing office address, I writing office address, I writing office address.	f the regis iability co of the lim e limited l	istered office and the business office of the registere company, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company. NOTA ZOGRAFOS Printed or typed name of signee