## L07000008847

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |

Office Use Only



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JUN 24 2014 C. CARROTHERS

## **COVER LETTER**

INHS18 (2/14)

| TO: Registration Section Division of Corporations   |                             |  |  |  |  |  |
|---|-----------------------------|--|--|--|--|--|
| SUBJECT: 804 Holdings, LLC  Name of Limited Liability Company                               |                             |  |  |  |  |  |
|   |                             |  |  |  |  |  |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. |                             |  |  |  |  |  |
| Please return all correspondence concerning this matter to the following:                   |                             |  |  |  |  |  |
| Mark Nahama   |                             |  |  |  |  |  |
| Name of Person  |                             |  |  |  |  |  |
| 804 Holdings, LLC   |                             |  |  |  |  |  |
| Firm/Company  |                             |  |  |  |  |  |
| 11632 IVW 19 Or<br>Address  |                             |  |  |  |  |  |
| Address   |                             |  |  |  |  |  |
| COVAL SPYINGS F1 33071 City/State and Zip Code  |                             |  |  |  |  |  |
| City/State and Zip Code   |                             |  |  |  |  |  |
| MAYKN OCYAND N. Com  E-mail address: (to be used for future annual report notification)     |                             |  |  |  |  |  |
| For further information concerning this matter, please call:                                |                             |  |  |  |  |  |
|   |                             |  |  |  |  |  |
| at ()   | 984-0410                    |  |  |  |  |  |
| Name of Person Area Code & Daytime Telephone Numbe  |                             |  |  |  |  |  |
|   | ING ADDRESS: ration Section |  |  |  |  |  |
|   | ion of Corporations         |  |  |  |  |  |
| Clifton Building P.O. Bo  | Box 6327                    |  |  |  |  |  |
| 2661 Executive Center Circle Tallaha<br>Tallahassee, Florida 32301                          | assee, Florida 32314        |  |  |  |  |  |
| Enclosed is a check for the following amount:   |                             |  |  |  |  |  |
| □ \$25 Filing Fee □ \$55 Fi   | iling Fee & Certified Copy  |  |  |  |  |  |

## 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: 804 Holdings   | , LLC  |   |  |  |
|--|--|--|--|---|--|--|
| 2.   | (a)  |  | (P)  |   |  |  |
| ٠.   | (**)   | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)   |  |  |
|  |  | 14303 Patty Berg Drive   |  |   |  |  |
|  |  | Fort Myers, FI 33919   |  |   |  |  |
|  |  | May 5, 2014  | L07000   | 0008847   |  |  |
| 3.   |  | Date of filing/registration in Florida   | 4.   | Document number   |  |  |
| 5.   | (a)  | Paul Staffile  |  |   |  |  |
|  | (4)  | Registered Agent and Registered Office shown on the records of   | the Florida Dept, of S   | Slate:  |  |  |
|  |  | 14303 Patty Berg Drive   |  | <del>(id</del> )  |  |  |
|  | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) |  |  |   |  |  |
|  |  |  |  |   |  |  |
|  |  | Fort Myers ,FL   | FI   | Control - Property  |  |  |
|  |  |  | 1  |   |  |  |
|  | (b).   | Mark Nahama  |  | 7   |  |  |
|  | (U)  | Enter name of NEW Registered Agent and/or NEW Registered   | Office address:  |   |  |  |
|  |  |  |  | ± 38  |  |  |
|  |  | 1/632 WW 19 Dr. NEW Registered Office Address:   | ····   |   |  |  |
|  |  |  |  |   |  |  |
|  |  | COVAL SPRINGS  |  | _   |  |  |
|  |  | •  | 22071  | •   |  |  |
| FL 3307/   |  |  |  |   |  |  |
| the<br>ag  | e cha<br>ent v<br>is/w                                     | imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited linere authorized by an affirmative vote of the members of organization or the operating agreement of the | the registered of<br>ability company,<br>of the limited liab<br>limited liability of | fice and the business office of the registered<br>it is hereby confirmed that the change(s)<br>ility company or as otherwise provided in<br>company.  |  |  |
| Mark Nahama Mark Nahama  |  |  |  | ama   |  |  |
|  | _  | nute of a member of authorized representative of a member  |  | Francei or typed mine or signee   |  |  |
| pr<br>the<br>10  | ovis<br>e ob<br>mer  | by accept the appointment as registered agent and agricons 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 if in writing of this change.                    | ree to act in this c<br>performance of n<br>d for in Chapter (<br>hereby confirm th  | capacity. I further agree to comply with the<br>my duties, and I am familiar with and accept<br>605, F.S. Or, if this document is being filed<br>nat the limited liability company has been |  |  |
| 5  | gnah   | pe of Registered Agent   |  |   |  |  |
|  |  |  | Day (2275 - ጥ-ዝ-1  | haanaa 121 2221d  |  |  |
| Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00 |  |  |  |   |  |  |

INHS18 (2/14)