

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H130001691593)))



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LLC REGISTERED AGENT CHANGE CAMELOT-PICCADILLY INVESTMENTS, LLC

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: CAMELOT-PICCADI	LLY INVESTMENTS, LLC				
2	(2)	Principal office address of limited liability company: 5500 FLAGHOLE ROAD					
2. (4)	(4)	(Note: MUST BE STREET ADDRESS)	CLEWISTON, FL 33440				
		(NOC. MUST BE STREET ADDRESS)		ా న			
	(h)	Mailing address of limited liability company:	5500 FLAGHOLE ROAD				
	(0)	(Note: MAY BE POST OFFICE BOX)	CLEWISTON, FL 33440				
							
				67			
_	/02/200		L07000069341	1000 100			
3.	Dat	e of filing/registration in Florida	4. Document number	<u> </u>			
				car in i			
5.	(a)	Registered Agent and Registered Office shown or	the records of the Florida D	ent of State: N			
	()	Tree Property of the Property	. 2.0 1440100 01 2.4 1 101120 2	· • p.:. 0.1 D.;			
		Registered Agent:	CORPDIRECT AGENTS, INC.	3.5			
		rogistored regent.					
		Registered Office Address:	1200 SOUTH PINE ISLAND ROAD				
		Rogistered Office Address.	PLANTATION, FL 33324				
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
		NEW Registered Agent:	HF REGISTERED AGENTS, LLC	· · · · · · · · · · · · · · · · · · ·			
		NEW Registered Office Address:	1715 MONROE STREET				
		(MUST BE FLORIDA STREET ADDRESS)					
			FORT MYERS	,FL 33901			
co an lia the the	nfirm d the bility e me e ope	imited liability company is not organized under the ned that after the change or changes are made, the business office of the registered agent will be iderly company, it is hereby confirmed that the change mbers of the limited liability company or as otherwesting agreement of the limited liability company.	Florida street address of the a stical. Or, in the case of a Fl s) was/were authorized by an	registered office orida limited affirmative vote of			
		H. GUNDERSON, AUTHORIZED REPRESENTATIVE					
		or typed name of signee					
I l co. an Cl ad	herei mply d I a iapte dres	by accept the appointment as registered agent and with the provisions of all statutes relative to the pin familiar with and accept the obligations of my pin 600. F.S. Or if this document is being filed to me s, I fereby confirm that the limited liability compa	agree to qct in this capacity, roper and complete perform osition as registered agent a erely reflect a change in the ny has been notified in writin	I further agree to ance of my duties, is provided for in registered office ag of this change.			
	_						
SK	maty/	e of Registered Agent Erin E. Houck-Toll, Vice P	resident				

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

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