L07000117007

(Re	questor's Name)				
(Add	dress)				
(Add	dress)				
(City	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Do	cument Number)				
Certified Copies Certificates of Status					
Special Instructions to I	Filing Officer:				
	<u></u>				





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COVER LETTER

TO:

TO:	Registration Section Division of Corporations		
SUBJE	GEORGETOWN SQUARE PRO	PERTIES, LLC	
300012		lame of Limited	Liability Company
Dear Si	r or Madam:		
The end	closed Registered Agent/Registered (Office Change and	d fee(s) are submitted for filing.
Please r	return all correspondence concerning	this matter to the	e following:
MARK	A. EBELINI		
	Name of Person		
KNOTT	EBELINI HART		
	Firm/Company		
1625 HF	ENDRY STREET, SUITE 301		
	Address		
FORT N	MYERS FL 33901		
	City/State and Zip Code	e	
mebelin	i@knott-law.com		
E-	-mail address: (to be used for future a	annual report noti	fication)
For furt	her information concerning this matt	ter, please call:	
MARK	A. EBELINI	239 at (334-2722
	Name of Person	at (Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the followi	ing amount:	
	□ \$25 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	ame of the limited liability company: GEORGETOWN S	SQUAI	RE PROPE	ERTIES, LLC		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		. ,	Mailing address of (Note: MAY)	of limited liability o BE POST OFFICE	
	301 N. BREVARD AVENUE		P.O. B	OX 1289		
	ARCADIA FL 34266	_	FORT MYERS FL 33902			
	11/20/2007		L070001	117007		
3.	Date of filing/registration in Florida	4.		Document nu	ımber	
5. (a)						
J. (u)	Registered Agent and Registered Office shown on the records of the	he Flori	da Dept, of	State:		
	AARON A. HAAK, ESQ.				s 2	
	Registered Office Address (MUST BE FLORIDA STREET A	<u></u>)221 ECH TAL		
	KNOTT, CONSOER, EBELINI, HART & SWETT, P.A.				2022 HAY 3 SECKETAK TALLAH	
	1625 HENDRY STREET, STE 301, FORT MYERS , FL	33901		<u> </u>	<i>S</i> :	
(h)					AM 8: OF STA SEE, FI	Ö
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> .	Office :	ddress:		- 30 - 30 - 30	
	MARK A. EBELINI, ESQ.					
	NEW Registered Office Address:		-	· 		
	KNOTT EBELINI HART, 1625 HENDRY STREET, STE	301				
	FORT MYERS, FL	33901				
change agent was/withe art Signa I here provisithe obito mer	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liable of a member or authorized representative of a member by accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete points of my position as registered agent as provided ely reflect a change in the registered office address. In the dip writing of this change	registe bility of the li limited	red office company, mited liab liability	e and the business it is hereby conficility company or company. Printed or type capacity. I further	s office of the re irmed that the ch as otherwise pr d name of signee	gistered nange(s) ovided in

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

Signature of Registered Agent