L09000027963

(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:							
Charles and the fining contact.							



07/03/24--01003--001 **25.00

1-1LED 2024 JUL -3 PM 12:51

Office Use Only

COVER LETTER

_	gistration Section rision of Corporations		
SUBJECT:	Naples Administrative Services, LLC		
		e of Limited Li	ability Company
Dear Sir or	Madam:		
The enclose	ed Registered Agent/Registered Offic	ce Change and	fee(s) are submitted for filing.
Please retur	n all correspondence concerning this	matter to the f	following:
Jennifer Sch	midt		
_	Name of Person		_
Quarles & B	rady, LLP		
-	Firm/Company		_
411 E. Wisc	onsin Avenue, Suite 2400		
	Address		_
Milwaukee,	WI 53202		
	City/State and Zip Code		_
jennifer.schr	nidt@quarles.com		
E-mai	l address: (to be used for future annu	al report notific	cation)
For further i	information concerning this matter, p	olease call:	
Jennifer Sch	midt	414 at (277-5414
	Name of Person	(Area Code & Daytime Telephone Number
Reg Div P.C	diling Address: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	closed is a check for the following a	imount:	
	S25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy
INHS18 (2/1	4)		

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: Naples Admini	istrative Ser	vices, LLC			
2. (a)						
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing add	ress of limited liability company: AY BE POST OFFICE BOX)		
	75 Vineyards Blvd, 4th Floor		75 Vineyards Blvd, 4	th Floor		
	Naples, FL 34119		Naples, FL 34119			
	3/19/2009		L09000027963			
3.	Date of filing/registration in Florida	4.	Documer	nt number		
5. (a))					
(1-)	Registered Agent and Registered Office shown on the records	of the Florid	a Dept. of State:			
	Quarles & Brady					
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES.	<u>S)</u>			
	1395 Panther Lane, Suite 300					
	Naples	34109 FL		203		
(b)		·				
Enter name of NEW Registered Agent and/or NEW Registered Office address:						
	Registered Agent Solutions, Inc.			FILED PM 12: 54 PALLAHASSEE, FLORID		
	NEW Registered Office Address:			COR 72: 1		
	2894 Remington Green Lane, Suite A			ADA ST		
	Tallahassee	FL_32308				
chang agent was/w	limited liability company is not organized under the e or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the memberaticles of organization or the operating agreement of the content of the co	he register liability co s of the lin	ed office and the busi- ompany, it is hereby c nited liability compan	ness office of the registered onfirmed that the change(s)		
Philip	pp E. Kaeferle	Phi	lipp E. Kaeferle, Author	rized Representative		
Signature of a member or authorized representative of a member			Printed or typed name of signee			
norgie	thy accept the appointment as registered agent and a cions of all statutes relative to the proper and comple digations of my position as registered agent as provid rely reflect a change in the registered office address, and in writing of this change.	igree to act te perform ded for in C I hereby co	in this capacity. I fu ance of my duties, and Chapter 605, F.S. Or, onfirm that the limited	rther agree to comply with the I I am familiar with and accept if this document is being filed I liability company has been		
	am Saldana					
- orgitali	ure of Registered Agent					

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