

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180002078523)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

Enter the email address for this business entity to be used for future > annual report mailings. Enter only one email address please.

Email	Address:		



LLC REGISTERED AGENT CHANGE JHB BAYSIDE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY JUL 2 () 2018

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.

me of the limited liability company:HB Bayside, L	J.C		
		Muiling address of limited liability company:	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Muiling address of limited liability company: (Note: MAY HE POST OFFICE BOX)	
4101 GULF SHORE BLVD, N PH 5	833 E. MICHIGAN STREET, SUITE 1800		
NAPLES, FL 34103		Peter M. Sommerhauser Milwaukee, WI 53202	
06/08/2009	1.09	000055478	
Date of filing/registration in Florida	4.	Document number	
Registered Agent and Registered Office shown on the records of	f the Florida Dep	ot, of State:	
BAKER, JAY II			
Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)		
4101 GULF SHORE BLVD. N PH 5			
NAPLES	, 34103		
	1	👊 📊	
Enter name of NEW Registered Agent and/or NEW Registere	ed Office uddres	3 A C	
•		30	
 -			
1200 South Pine Island Road			
Plantstion	., 33324		
ange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited ree authorized by an affirmative vote of the members tigles of organization or the operating agreement of the	of the register liability comp s of the limite he limited liab	pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 4101 GULF SHORE BLVD. N PH 5 NAPLES, FL 34103 06/08/2009 Date of filing/registration in Florida Registered Agent and Registered Office shown on the records of BAKER, JAY II Registered Office Address (MUST BE FLORIDA STREET) 4101 GULF SHORE BLVD. N PH 5 NAPLES	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 4101 GULF SHORE BLVD. N PH 5 NAPLES. FL 34103 06/08/2009 Date of filling/registration in Florida 4. Registered Agent and Registered Office shown on the records of the Florida Dep BAKER, JAY II Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 4101 GULF SHORE BLVD. N PH 5 NAPLES FI. 34103. Enter name of NEW Registered Agent and/or NEW Registered Office address C T Corporation System NEW Registered Office Address: 1200 South Pine Island Road Plantation FI. 33324 Itimited liability company is not organized under the laws of the Strange or changes are made, the Florida street address of the register will be identical. Or, in the case of a Plorida limited liability company are firm attive value of the members of the limite	

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