

(Re	questor's Name)	
(Ad	dress)	
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, (Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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G. MCLEOD

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EXAMINER



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SECRETARY OF STATE
ALLAHASSEFF FINALE



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## S COVER LETTER

TO: Registration Section Division of Corporations	`			
	Property Management, LLC			
Name of Li	mited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.			
Please return all correspondence concerning to	his matter to the following:			
Steve J. Boge				
Name of Person				
Bay Pointe Property Management	ПС			
Firm/Company				
7130 Estero Bivd				
Address				
Fort Myers Beach, FL 33931				
City/State and Zip Code				
onyround and all pooled				
Steve@BayPointePropertyManagement.com  E-mail address: (to be used for future annual report notification)				
te-mail address: (to be used for future annual report not	ilication)			
For further information concerning this matter	r, please call:			
Steve J. Boge	at (			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301	- w			
Enclosed is a check for the following amount:				
\$25 Filing Fee	\$55 Filing Fee & Certified Copy			



## 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. Name of the limited liability company:Bay Po	ointe Property Manager	nent,	LLC	
2. (a) Principal office address of limited liability compan	: 7130 Estero Blvd			
(Note: MUST BE STREET ADDRESS)	Fort Myers Beach, FL 33	1931	<del></del>	<del></del>
(b) Mailing address of limited liability company:	7130 Estero Blvd			
(Note: MAY BE POST OFFICE BOX)	Fort Myers Beach, FL 33931		<del></del>	
03/05/2010	L10000025293			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on Registered Agent:	the records of the Florida De Steve J. Boge	pt. of St	tate:	
	_	Σ÷ζ.,		
Registered Office Address:	5640 Williams Dr Fort Myers Beach, FL 33	024 5		
	FUIL MIYELS DEACH, FL 33	301.7	=	1,34
		SS	5	100 to
(b) Enter name of <b>NEW Registered Agent</b> and/or <b>NE</b>	W Registered Office addres	<u>s:</u> ™=	) PH	ž
NEW Registered Agent:	Steve J. Boge	71	<u> </u>	hamari
NEW Registered Agent.	Olove O. Doge	<b>8</b> 2	ယ	
NEW Registered Office Address:	7130 Estero Blvd	⊕rri ≯		
(MUST BE FLORIDA STREET ADDRESS)	Fort Myore Pooch	,FL3:	2021	
	Fort Myers Beach	,r <i>L<u>3</u>.</i>	<u> </u>	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	lorida street address of the re tical. Or, in the case of a Flor ) was/were authorized by an a rwise provided in the articles	gistered rida limi affirmat	l office ited ive vo	te
Steve J. Boge Printed or typed name of signee	_			
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	gree to act in this capacity. Oper and complete performan sition as registered agent as rely reflect a change in the re y has been notified in writing	l further ice of m provide egistered of this	agree y dutie d for i d offic change	2 to 28, n e e.

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

Signature of Registered Agent