L100000 74318

(Requestor's Name)	
(Address)	
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(Crty/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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CORPORATE ACCESS, ____

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236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 10/18

	РНОТОСОРУ			
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K	FILING	STATEMENT OF CHANGE		
	ETRO PROPERTIES L		(.)	2023
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE		
	Name of Limited	Liability Company
Dear Si	r or Madam:	
The end	closed Registered Agent/Registered Office Change an	d fee(s) are submitted for filing.
Please 1	eturn all correspondence concerning this matter to the	e following:
GEORG	E A. WILSON	
	Name of Person	— ALL SALE
WILSO	N & JOHNSON, P.A.	
	Firm/Company	
2425 TA	AMIAMI TRAIL N., SUITE 211	
	Address	[17]
NAPLE	S, FL 34103	
	City/State and Zip Code	
GAWils	on@NaplesEstateLaw.com	
E-	mail address: (to be used for future annual report not	fication)
For furt	her information concerning this matter, please call:	
GEORG	EE A. WILSON 239	436-1500
	Name of Person	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

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

■ \$25 Filing Fee

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.

ı.	Na	me of the limited liability company: PETRO PROPERT	TIES L	LC		
2.	(a)	940 CAPE MARCO DRIVE		(b)	940 CA	PE MARCO DRIVE
	` /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) #1701	_		#1701	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		MARCO ISLAND, FL 34145	_		MARCO	D ISLAND, FL 34145
		07/12/2010		L	1000007	74318
3.5.	(a)	Date of filing/registration in Florida CRAIG R. WOODWARD	4.	_		Document number
J. (a)	(-)	Registered Agent and Registered Office shown on the records of the 606 BALD EAGLE DRIVE	ie Flori	da C	Dept. of S	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) SUITE 500			2023 OCT SECRE1/ TALL/	
		MARCO ISLAND , FL	34145			
((b)	GEORGE A. WILSON Enter name of NEW Registered Agent and/or NEW Registered C 2425 TAMIAMI TRAIL N.	Office a	ddr	'ess:	
		NEW Registered Office Address: SUITE 211				
		NAPLES, FL_3	4103			
char ager was the	nge nt w /we artic	mited liability company is not organized under the laws or changes are made, the Florida street address of the result be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable of the liable of a member or authorized representative of a member of all statutes relative to the proper and complete per gations of any position as registered agent as provided by reflect a change in the registered office address. The	egister pility c the lir mited TE	red om nite lia RR	office a pany, it ed liabil bility co ANCE B	and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. BURKHARDT Printed or typed name of signee
.,,,	Š	TO USE	reby c	on)	firm tha	t the limited liability company has been
Sign	atur	e of Registered Agent				