

210000092/28

(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:

DEC - 2 2013

A. LUNT

Office Use Only



000253980410

11/25/13--01013--024 \*\*25.00

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 11/25/13 BY 60322  
UCBA/SSA/CL/STP

2013 NOV 25 PM 4:34

FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Di DOMENICO DEVELOPMENT LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MATTHEW F. SCHUCH

Name of Person

Di DOMENICO DEVELOPMENT LLC

Firm/Company

1219 SOLANA ROAD #15

Address

NAPLES, FL 34103-3355

City/State and Zip Code

MATT@CLUB NAPLES.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATTHEW F. SCHUCH

Name of Person

at ( 239 ) 289-0216

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**X MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2019 NOV 25 PM 4: 34  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

FILED

**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: DIDOMENICA DEVELOPMENT LLC

2. (a) Principal office address of limited liability company: 1219 SOLANA ROAD #15  
(Note: **MUST BE STREET ADDRESS**) NAPLES, FL 34103-3355

(b) Mailing address of limited liability company: 1219 SOLANA ROAD #15  
(Note: **MAY BE POST OFFICE BOX**) NAPLES, FL 34103-3355

09/01/2010  
3. Date of filing/registration in Florida

L-10000092128  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

MATTHEW F. SCHUCH

Registered Office Address:

2700 70th ST S  
NAPLES, FL 34105

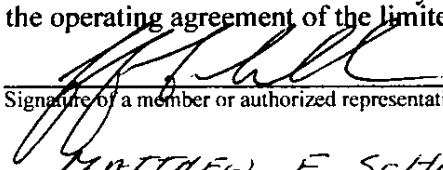
(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

**NEW Registered Office Address:**  
(**MUST BE FLORIDA STREET ADDRESS**)

1219 SOLANA ROAD #15  
NAPLES, FL 34103-3355

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

X   
Signature of a member or authorized representative of a member

MATTHEW F. SCHUCH  
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

X   
Signature of Registered Agent

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