L'10000	117052		
(Requestor's Name) (Address) (Address)	500272433725		
(City/State/Zip/Phone #)	05/07/1501032015 **25.00		
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	Nosicy of contrast in a set of the set of th		
Office Use Only	W.H.		



### **COVER LETTER**

#### **TO:** Registration Section

i ì

Division of Corporations

# 420 Fleming, LLC SUBJECT:

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:

Vincent Gannuscio

Name of Person

Vincent Gannuscio, P.A.

Firm/Company

677 N. Washington Blvd.

Address

Sarasota, FL 34236

City/State and Zip Code

### vg@gannusciolaw.com

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

For further information concerning this matter, please call:

Vincent Gannuscio	941 467-3439 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				
Enclosed is a check for the following	amount:			
7 825 Filing Fee	C \$55 Filing Foo & Cortified Conv.			

**2** \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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	lame of the limited liability company: 420 Fleming,	LLC				
2. (a)		(1	))			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	······ 、	N	Aailing address of lim	ited liability company: OST OFFICE BOX)	
	2650 Airport Rd., Ste. H	2650 Airport R., Ste. H				
	Naples, FL 34112 11/9/2010		Naples, FL 34112			
			L10000117052			
3.	Date of filing/registration in Florida	 4.		Document number	er	
5. (a	)					
<i></i> (u	Registered Agent and Registered Office shown on the records of	f the Florid	a Dept. of State	:		
-	CT Corporation System					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	<u>s)</u>			
•	1200 S. Pine Island Rd.				য়	
	Plantation, FI	34135			15 MA	
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	100				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	laress:		AM Toto	
	Vincent Gannuscio				<b>5</b>	
	NEW Registered Office Address:					
	677 N. Washington Blvd.					
	Sarasota, FI	L_34236				
the ch agent was/v the ar Sign I her provi the of to me	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- vere authorized by an affirmative vote of the members titles of organization of the operating agreement of the under of a member or authorized representative of a member eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bliggitions of my position as registered agent as provide rely reflect a drange in the registered office address, I ad in writing of this change.	f the regi iability c of the lin e limited Tric	stered office ompany, it is nited liability liability com cia Fusco	e and the business shereby confirme y company or as c ipany. Printed or typed nar acity. I further as	office of the registered ad that the change(s) otherwise provided in ne of signce	

Signature of Registered Agent

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