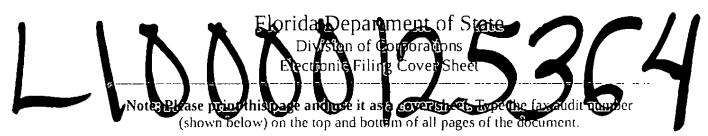
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

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LLC REGISTERED AGENT CHANGE N AND D NAPLES CONDO, LLC

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Certificate of Status	0
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M. SOLOMON

OCT 17 2024

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10/17/2024 11:45:44 PDT To: 18506176383 Page: 2/2 Fax: 8134365206

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. Na	ame of the limited liability company: NAND D NAPLE	ES CONDO, I	LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12/06/2010	L100	000125364
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	C T CORPORATION SYSTEM		
	Registered Agent and Registered Office shown on the records of t 1200 SOUTH PINE ISLAND ROAD	he Florida Dept	. of State:
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	SE 3
	PLANTATION	33324	2024 OCT 17 SEC 11
(b)	REGISTERED AGENTS INC		<u>. </u>
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address	
	7901 4TH ST N		S 3. 21
	NEW Registered Office Address:		
	STE 300		
	ST. PETERSBURG , FL.	33702	
change agent v was/we the arti	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	registered off bility compar f the limited !	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Re	ture of a member or authorized representative of a member	Robin Jo	
I herei provisi the obl to mere notified \(\frac{1}{2}\)(2)	ture of a member or authorized representative of a member hy accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d in writing of this change. David Roberts The of Registered Agent	ee to act in the performance I for in Chapt ereby confirm	Printed or typed name of signee is capacity. I further agree to comply with the of my duties, and I am familiar with and accept for 605, F.S. Or, if this document is being filed in that the limited liability company has been