## L11 0000 80697

(Req	uestor's Name)	<u> </u>
bbA)	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Na	me) .
(Doc	ument Number	)
Certified Copies	Certificate	s of Status
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1. HARRIT

## COVER LETTER

	ion Section of Corporations		
SUBJECT:	IARP LANDING, LLC		
	Name	of Limited Li	ability Company
Dear Sir or Mada	am:		
The enclosed Re	gistered Agent/Registered Office	e Change and	fee(s) are submitted for filing.
Please return all	correspondence concerning this	matter to the	following:
JILL W. LEMO	DNS		
	Name of Person	<del></del>	
	Firm/Company		<u> </u>
6612 JESSIC	, ,		
	Address		_
LAKE WORT	H, FL 33467		
	City/State and Zip Code		
JLEMONS@A	JICORPORATE.COM		
E-mail add	ress: (to be used for future annua	al report notifi	cation)
For further inform	nation concerning this matter, p	lease call:	
JILL LEMONS	·	941 at (	875-3585
ì	Name of Person		Area Code & Daytime Telephone Number
Registrat Division Clifton E 2661 Exc	I/COURIER ADDRESS: ion Section of Corporations duilding secutive Center Circle see, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed	l is a check for the following a	mount:	
<b>9</b> \$25 F	ling Fee	<b>□ \$</b> 5.	5 Filing Fee & Certified Copy
INHS18 (2/14)			



October 26, 2017

JILL W LEMONS 6612 JESSICA COURT LAKE WORTH, FL 33467

SUBJECT: SHARP LANDING, LLC

Ref. Number: L11000080697

We have received your document for SHARP LANDING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

2#17 KGY 16 FH 3: 41

Letter Number: 817A00021698

www.sunbiz.org

## 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.

l. (a)	309 TAMIAMI TRAIL	(b	309 T	AMIAMI TRAIL			
( <b>u</b> )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (3	, <del></del>	Mailing address of limited (Note: MAY BE POS	-	• •	y:
		_					
	07/13/2011		L11000	080697			
١.	Date of filing/registration in Florida	4.		Document number			
i. (a)	BOLANOS TRUXTON PA						
. (-)	Registered Agent and Registered Office shown on the records of the 12800 UNIVERSITY DRIVE, UNIT 350	he Florida	Dept. of S	date:			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	2			2#17 K	. 1
	FORT MYERS FL	33907		<del></del>	:	<u> </u>	14 A
(b)	JILL W. LEMONS				, • • • •	о Т	·
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:			ښ	
	6612 JESSICA COURT					<del>-</del>	
	NEW Registered Office Address:						
	LAKE WORTH, FL	33467		<del>_</del>			
he cha igent v	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affigurative vote of the members of teles of organization or the operating agreement of the	the regist bility confither the limited limite	stered off ompany, i nited liabiliabiliability of a liability of a	fice and the business of it is hereby confirmed to ility company or as othe company.	fice of the chart the c	he regi :hange	sterec (s)
Signa	ture of a member or authorized representative of a member	JE3	SSICA	Printed or typed name of	of signee		
-	by accept the appointment as registered agent and agree ions of all statules relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address. I have a change in the registered office address. I have a change in the registered of this change.	ee to act perform I for in ( tereby c	t in this c ance of n Chapter ( onfirm th	• •	_	iply with and is s being has be	th the accep filed een

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