## L12000041770

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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CSC - WILMINGTON
251 Little Falls Drive.
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Carissa Koetitz carissa.koetitz@cscglobal.com

Date: May 10, 2021

Order#: 791796/015

Re: FAR NIENTE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX \_ Return Regular Mail in the enclosed envelope.

Attn:Carissa Koetitz c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## 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. Na	ime of the limited liability company: FAR NIENTE, L	LC			
2. (a)	9730 NIBLICK LANE	(b) 9730 NIBLICK LANE			
~. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
	NAPLES, FL 34108	NAPLES, FL 34108			
	03/26/2012	L12000041770			
3.	Date of filing/registration in Florida	4. Document number			
5. (a)	CORPROASTION SERVICE COMPANY				
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	1201 HAYS STREET				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	TALLAHASSEE FI	32301			
(b)	Corporation Service Company				
, ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	1201 Hays Street				
	NEW Registered Office Address:				
	Tallahassee , FI	32301			
change agent v was/we	or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li	ws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company.			
/s/ Jill		Jill Cilmi, Authorized Person			
	sure of a member or authorized representative of a member	Printed or typed name of signee			
provisi the obl to merc	by accept the appointment as registered agent and agrouns of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I if I in writing of this change.	vee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept d for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been			

Grace E. Kirby, Asst. Vice President on behalf of Corporation Service Company
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
FILING FEE: \$25.00

Signature of Registered Agent

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	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	NAPLES, FL 34108	_	NAPLES	5, FL 34108
	03/26/2012		L1200004	11770
3.	Date of filing/registration in Florida	4.	***	Document number
5. (a)	CORPROASTION SERVICE COMPANY			
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	1201 HAYS STREET			
	Registered Office Address (MUST BE FLORIDA STREET	_		
				<b>~</b> 3 C
	TALLAHASSEE F	32301 L		2021 MAY 1.2
(b)	Corporation Service Company			W 12
	Enter name of NEW Registered Agent and/or NEW Registered Office address:			
	1201 Hays Street			2021 MAY 12 PH (2::07
	NEW Registered Office Address:			<b>7</b>
	Tallahassee	32301		_
				_
change agent v was/wo	imited liability company is not organized under the la or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registe iability c of the li	red office at ompany, it i nited liabili	nd the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
/s/ Jill				orized Person
	ture of a member or authorized representative of a member			Printed or typed name of signee
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Similar.	I mare tokuble			
->ignatu	re of Registered Agent			

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

Grace E. Kirby, Asst. Vice President on behalf of Corporation Service Company