L12000049096

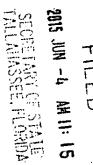
(Requestor's Name)				
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(Cit	y/State/Zip/Phon	ie #)		
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificate	s of Status		
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Special Instructions to	Filing Officer:			

Office Use Only



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COVER LETTER

	ation Section n of Corporati				
SUBJECT:	Palan 3	REGZE	ENTERPRI	ses.	LLC
			Name of Limite	ed Liabi	lity Company
Dear Sir or Mac	lam:				
The enclosed R	egistered Age	nt/Registere	d Office Change	and fee	(s) are submitted for filing.
Please return al	corresponder	nce concern	ing this matter to	the foll	owing:
GARRY	K. Word	غد			
·	Name	e of Person			
PALM BAS	ere ente	KPAISE	r.LLC		
	Firm	Company (
12981 7	URTLE CO	VE TRA	.L		
	Ado	dress			
NORTH FO	AT MYE	es, Fl	33903		
NORTH FO	City/Stat	e and Zip C	ode		
WHIRLG	W YAL	140. CO	vo re annual report		
E-mail add	dress: (to be u	sed for futu	re annual report	notificat	ion)
For further info	rmation conce	rning this n	natter, please call	:	
GARRY	K. Win	Rl	at (65	661-3732
(Name of Pers	son		Α	area Code & Daytime Telephone Number
STREE	T/COURIEF	R ADDRES	S:	MAIL	ING ADDRESS:
	ation Section				ration Section
	n of Corporati	ons			on of Corporations
	Building	C' 1			80x 6327
	kecutive Cente ssee, Florida 3			i aliah	assee, Florida 32314
Enclose	ed is a check	for the foll	owing amount:		
⊡ \$25 °	Filing Fee		C	□ \$ 55 F	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. Na	me of the limited liability company: Rum Breeze Ex	HEAPLISES LLC
2. (a)	12981 Tuetle Love TRAIL (b) 1	298) TURTLE COVE TRAIL
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	NORTH FURT MYERS FL 33903	WORTH FORT MYELS, IL 33903
	Date of filing/registration in Florida 4.	L12000049096
i.	Date of filing/registration in Florida 4,	Document number
. (a)	Registered Agent and Registered Office shown on the records of the Florida Dep 13362 WINDING ORK COURT Registered Office Address (MUST BE FLORIDA STREET ADDRESS) SWIFE A	
	1AMPA ,FL 33612	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address 1298) TUATLE CAVE TRAIL NEW Registered Office Address:	AN III 15
ne chai gent w	mited liability company is not organized under the laws of the State or changes are made, the Florida street address of the registere will be identical. Or, in the case of a Florida limited liability compa	te of Florida, it is hereby confirmed that after and office and the business office of the registered any, it is hereby confirmed that the change(s)
/as/we ne artic	re authorized by an affirmative vote of the members of the limited lest of organization or the operating agreement of the limited liabiles.	liability company or as otherwise provided in lity company.
4		
Signa	ure of a member of authorized representative of a member	Printed or typed name of signee
rovisio he obli o mere	y accept the appointment as registered agent and agree to act in the solution of all statutes relative to the proper and complete performance gations of my position as registered agent as provided for in Chaply reflect a change in the registered office address, I hereby confirm writing of this change	his capacity. I further agree to comply with the e of my duties, and I am familiar with and accept oter 605, F.S. Or, if this document is being filed om that the limited liability company has been