

L12000125415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

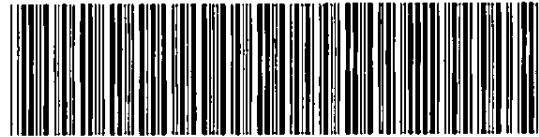
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



200426909802

1:14:06

RECEIVED
2004 APR 12 AM 11:11
CLERK
TALLAHASSEE, FLORIDA

W. HUNT
04/12/04



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Amanda Miller - Amanda.Miller@cscglobal.com
Ext:
Date: 04/12/24
Order #: 1473809-1
Re: ABOVE PROPERTY, LLC
Processing Method: Routine

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written over the 'Processing Method: Routine' line.

TO WHOM IT MAY CONCERN:

Enclosed please find:
Change of Registered Agent and Office
Check in the amount of: \$25.00
I20000000195
AUTH

A handwritten signature in black ink, appearing to read 'Amanda Miller', is written over the 'AUTH' line.

Please take the following action:
File on a routine basis
Issue proof of filing
Return evidence to the following:
ATTN: Amanda Miller
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

APR 12 2024
11:06

Special Instructions:

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

**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. Name of the limited liability company: ABOVE PROPERTY, 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**)

3555 KRAFT ROAD SUITE 400

3555 KRAFT ROAD SUITE 400

NAPLES, FL 34105

NAPLES, FL 34105

10/02/2012

L12000125413

3. Date of filing/registration in Florida 4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

SHEPHERD, KAREN

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3555 KRAFT ROAD SUITE 400

NAPLES, FL 34105

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Saikumar Viswanathan

Saikumar Viswanathan

Signature of a member or authorized representative of a member

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Dance T. Kirby
Signature of Registered Agent