L12000139447

| (Re | equestor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

TO:

Registration Section

| Divi | sion of Corporations | | | | |
|-----------------------------|--|----------------------|---|--|--|
| SUBJECT: | 20799 Highway 128 (FL), LLC | | | | |
| SOBJECT. | Name of Limited Liability Company | | | | |
| Dear Sir or M | Madam: | | | | |
| The enclosed | d Registered Agent/Registered Off | ice Change and for | ee(s) are submitted for filing. | | |
| Please return | n all correspondence concerning th | is matter to the fo | ollowing: | | |
| Tamara S | urratt | | | | |
| | Name of Person | | | | |
| Legacy Fa | amily Office | | | | |
| | Firm/Company | | _ | | |
| 23160 Fas | shion Drive, Suite 227 | | | | |
| | Address | | _ | | |
| Estero, FL | 33928 | | | | |
| | City/State and Zip Code | | _ | | |
| tsurratt@l | egacyfamilyoffice.com | | | | |
| E-mail | address: (to be used for future ann | nual report notific | ation) | | |
| For further is | nformation concerning this matter, | , please call: | | | |
| Tamara S | urratt | 239 | 949-1982 | | |
| | Name of Person | ur (| Area Code & Daytime Telephone Number | | |
| Reg Divi Clift 266 | REET/COURIER ADDRESS: istration Section ision of Corporations iton Building 1 Executive Center Circle ahassee, Florida 32301 | Regi Divi P.O. | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | |
| Enc | closed is a check for the following | ; amount: | | | |
| ☑ \$ | 25 Filing Fee | \$55 | Filing Fee & Certified Copy | | |
| INHS18 (2/14 | 4) | | | | |

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: 20799 High | way 128 (| FL), LLC | | |
|--|---|--|--|--|--|
| 2. (a) | 3560 Fort Charles Drive | (b) | (b) 3560 Fort Charles Drive | | |
| \.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\. | 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 34102 | | NAPLES, FL 34102 | | |
| | 11/02/2012 | l | .12000139447 | | |
| 3. | Date of filing/registration in Florida | 4. | Document number | | |
| 5. (a) | COHEN & GRIGSBY, P.C. | | | | |
| (, | Registered Agent and Registered Office shown on the records of | of the Florida | Dept. of State: | | |
| | MERCATO - 9110 STRADA PLACE | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | T ADDRESS) | | | |
| | STE 6200 | | | | |
| | NAPLES | _L 34108 | | | |
| (b) | GEORGE HAMEL, JR. Enter name of NEW Registered Agent and/or NEW Registered 3560 FORT CHARLES DRIVE NEW Registered Office Address: | ed Office add | 4 JUL 16 PH 12: 37 | | |
| | NAPLES, F | _{-L} 34102 | | | |
| signa I here provis. the obt to mer notifie | imited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the difference of a member | of the regist liability consists of the limited limite | ered office and the business office of the registered inpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company. George Hamel, Jr. Printed or typed name of signee in this canacity. I further garge to comply with the | | |