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Account Number : 076424003301 : (813)223-7474 Phone : (813)227-0435 Faz Number

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Email Address: tgood@trenam.com

## LLC REGISTERED AGENT CHANGE 734 CO-OP GROVES, LLC

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## 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.

. Na	me of the limited liability company: 734 Co-Op G	Proves, LLC	
2. (a)	10070 Daniels Interstate Court	(b) 10070 Daniels Interstate Court	
·· (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Nota: MAY BE POST OFFICE BOX)
	Suite 100	Suite 10	0
	Ft. Myers, FL 33913	Ft. Myer	s, FL 33913
	12/12/2012	L120001	55379
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Timothy, M. Hughes, Esq.		
). ( <del>u</del> )	Registered Agent and Registered Office shown on the records of 101 E. Kennedy Boulevard	the Florida Dept, of State	- e:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESSI	-
	Suite 2800	<u> </u>	
	·	33602	-
(b)	F.	L	201 SE
	Timothy M. Hughes, Esq.		2018 SEP SECRET TALL
(11)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:	E P
	101 E. Kennedy Boulevard		ZO RATARY OF AHASSE
	NEW Registered Office Address:		Sept Sept Sept Sept Sept Sept Sept Sept
	Sulte 2700	· · · · · · · · · · · · · · · · · · ·	
	Tampa	L 33602	35 FATE
the che agent v was/w the art	imited liability company is not organized under the lange 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 integral member or authorized representative of a member by accept the appointment as registered agent and of ions of all statutes relative to the proper and completingations of my position as registered agent as provide by reflect a change in the registered office address, add in writing if this change.	of the registered officiability company, it of the limited liability con John Kierna	is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.  n, CFO  Printed or typed name of signee
Signati	ire of Registered Agent		
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