L12000157674

(Re	questor's Name)	,
(Ad	dress)	
(Ad	dress)	
(Cit	:y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nar	ne)
·	·	
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



500367391885

The state of the s

RELIGION - STAIL

mor 11114 -2 NH 5: L

COVER LETTER

Division of Corporations	
280 GGP, LLC SUBJECT:	
Name of Lin	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
John J. Thresher, Esquire	
Name of Person	
Amico Law Group	
Firm/Company	
4400 118th Avenue N. Suite 100	
Address	
Clearwater, Fl. 33762	
City/State and Zip Code	
jthresher@amicolawgroup.com	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please c	all:
John J. Thresher, Esquireat (813 545-0666
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount	l:
■ \$25 Filing Fee	S55 Filing Fee & Certified Copy

.

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.

(a)	280 Golden Gate Point	1	(b)	280 Gol	lden Gate Point
(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(,,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	#900			#900	
	Sarasota, FL 34236			Sarasota	i. FL 34236
	December 18, 2012		I.	.1200015	57674
	Date of filing/registration in Florida	4.	_		Document number
(a)	Thresher & Thresher, P.A.				
(11)	Registered Agent and Registered Office shown on the records of	the Flori	da 1	Dept. of St	tate:
	4233 W. El Prado Blvd.				
	Registered Office Address (AIUST BE FLORIDA STREET)	<u>ADDRES</u>	<u>SS)</u>		_
					1
	Tampa . FL	33629			2021 JUN-2 AM 5: 44 ALLAHASSEE/FLORIDA
(h)	Amico Law Group		_		— — — — — — — — — — — — — — — — — — —
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	<u>dd</u>	ress:	A A
	4400 118th Avenue N			<u> </u>	T 5: 44
	NEW Registered Office Address:				DA DE
	Suite 100				
	Clearwater , FL	33762			
ange ent v is/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of af the li	red ron mit lia	l office a ipany, it ed liabil	and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
Sign	ure of a member or authorized representative of a member				Printed or typed name of signee
herei	by accept the appointment as registered agent and agrons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have been all the properties of the change.	ce to ac	\mathcal{I}_{i}	n this ca	pacity. I further agree to comply with the