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(Requestor's Name)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

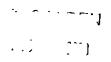
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COVER LETTER

TO:

INHS18 (2/14)

Registration Section Division of Corporations

Store #9 Management Services, LLC SUBJECT: Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Damian C. Taylor, Esq. Name of Person Coleman, Hazzard, Taylor, Klaus, Doupe & Diaz, P.A. Firm/Company 4099 Tamiami Trail North, Suite 201 Address Naples, FL 34103 City/State and Zip Code dtaylor@chtlegal.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Damian C, Taylor, Esq. 239 298-5208 at (Area Code & Daytime Telephone Number Name of Person **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy



Erika Gonzale

Paralega

Direct: (239) 298-520

Email: egonzalez@chtlegal.con

Main: (239) 298-5200 Facsimile: (239) 298-5230

Web Address: www.chtlegal.com

June 15, 2020 VIA U.S. MAIL

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Store #9 Management Services, LLC - Change of Address Form

Our File No. 9514-01

To Whom It May Concern:

Mr. Damian C. Taylor, Esq. of our office is the Registered Agent for the limitied liability company of Store #9 Management Services, LLC. We have enclosed a Change of Address Form for this company and check no. 20507 in the amount of \$25.00 to serve as payment for the processing of the form.

Should you have any questions, please feel free to contact me on my direct line (239) 298 5204. Thank you for your assistance.

Sincerely,

Erika Gonzalez

Fuxa Gorbale 7)

Paralegal

Enclosures

Copy to: Client

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTI LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability combines the following statement in order to change its registered office or registered agent, or both, in the State of 1

1. Na	ame of the limited liability company: Store #9 Manage	ement Ser	rvice	es, LLC		
2. (a)		((b)			
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-).	М		mited liability compa POST OFFICE BOX
	6401 Airport Pulling Road North		(6401 Airpon	t Pulling Road N	orth
	Naples, FL 34109		1	Naples, FL 3	34109	
	2/07/2013		L	1300001976	0	
3.	Date of filing/registration in Florida	4.	_	Ė	Document numi	ner
5. (a)						
``	Registered Agent and Registered Office shown on the records o	f the Florid	da D	Dept. of State:		
	Damian Taylor, Esq.					
	Registered Office Address MUST BE FLORIDA STREET	ADDRE	<u>SS)</u>			. 154 154
	3003 Tamiami Trail N., Suite 402					ر ند <u>س</u> ت
	Naples	341	103			. 11 23
	, F	L				ప
						2
	Enter name of NEW Registered Agent and/or NEW Registere	d Office n	ıddr	ess:		ċ
	Damian C. Taylor, Esq.					
	NEW Registered Office Address:					
	4099 Tamiami Trail North, Suite 201					
	Naples . F	34103	3			
change agent vivas/we the arti-	imited liability company is not organized under the later changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited little authorized by an affirmative vote of the members of organization or the operating agreement of the sure of a member or authorized representative of a member by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igntions of my position as registered agent as provided by reflect a change in the registered office address. I	e register iability c of the lin e limited	red comp mite lial So	office and pany, it is hed liability comp	the business of nereby confirm company or as any. Printed or typed of the confirmation of typed of the confirmation of the co	fice of the registered that the change otherwise provide me of signee
топуна	in writing of this change the registered office address, I amon the following the second of Registered Agent	nereny (v on j	um incu th	e umneu naom	iy company nas t