

#L13000028084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

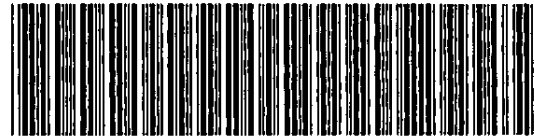
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
APR 23 2013

**TO:** Registration Section  
Division of Corporations

Name of Limited Liability Company

Please return all correspondence concerning this matter to the following:

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

Name of Person

Area Code &amp; Daytime Telephone Number

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

☐ \$55 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 608.416 or 608.508, 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: Del Mar Retail Properties, LLC

2. (a) Principal office address of limited liability company: 2614 Tamiami Trail North, STE. 615  
Naples, FL 34103  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 2614 Tamiami Trail North, STE. 615  
Naples, FL 34103  
**(Note: MAY BE POST OFFICE BOX)**

2/22/2013

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Jeff Novatt, Esq.

Registered Office Address:

1415 Panther Lane, Suite 327  
Naples FL, 34109

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

**NEW** Registered Agent:

Will Dempsey

**NEW** Registered Office Address:

821 Fifth Avenue South

**(MUST BE FLORIDA STREET ADDRESS)**

Naples, FL 34102

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.

Christopher Shucart  
Signature of a member or authorized representative of a member

Christopher Shucart, Manager  
Printed or typed name of signee

*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 608, 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.*

[Signature]  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00