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| (Requestor's Name) | | |
| (Address) | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Special Instructions to Filing Officer: | | |
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K. SALY EXAMINER APR 2 3 2013

COVER LETTER

| Division of Corporations | | |
|---|---|--|
| SUBJECT: Del Mar Davis, LL | .C | |
| 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: | | |
| | | |
| | | |
| Name of Person | | |
| Cheffy Passidomo, P.A. | | |
| Firm/Company | | |
| 821 Fifth Avenue South | | |
| Address | | |
| Naples, FL 34102 | | |
| City/State and Zip Code | | |
| mcarias@napleslaw.com | | |
| E-mail address: (to be used for future annual report not | ification) | |
| For further information concerning this matter | please call: | |
| Will Dempsey | at (239) 261-9300 | |
| Name of Person | Area Code & Daytime Telephone Number | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | |
| Registration Section Division of Corporations | Registration Section Division of Corporations | |
| Clifton Building | P.O. Box 6327 | |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | Tallahassee. Florida 32314 | |
| Enclosed is a check for the following | ; amount: | |
| ■ \$25 Filing Fee | ☐ \$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 Davis, LLC | |
|---|--|
| 2. (a) Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>) | 2614 Tamiami Trail North, STE. 615 Naples. FL 34103 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 2614 Tamiami Trail Nonh, STE, 615 Naples, FL 34103 |
| 2/25/2013 | L13000028731 |
| 3. Date of filing/registration in Florida 4 | 4. Document number |
| 5. (a) Registered Agent and Registered Office shown on the | he 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 <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : | V Registered Office address: Will Dempsey |
| NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) | 821 Fifth Avanue South Naples F J 34102 |
| If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company. Signature of a member or authorized representative of a member | aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited |
| Printed or typed name of signee | . |
| I hereby accept the appointment as registered agent and ag comply with the provisions of all statules relative to the pro- and I am familiar with and accept the obligations of my pos- Chapter 608, F.S. Or if this document is being filed to mer- address. I hereby confirm that the limited liability company | ree to act in this capacity. I further agree to per and complete performance of my duties, ition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change. |
| Signature of Registered Agent | |

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