2/13/2018

Division of Corporations

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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## LLC REGISTERED AGENT CHANGE GERACI LAND ACQUISITION, LLC

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Electronic Filing Menu Corporate Filing Menu

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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.

(a)		(b)		
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	l liability company: "OFFICE BOX)	
	405NORTHREOSTREET,SUITE330	405 NORTH REO STREET	405 NORTH REO STREET, SUITE 330	
	TAMPA,FL33609	- TAMPA, FL 33609		
	09/27/2013	L13000137235	35	
	Date of filing/registration in Florida	4. Document number		
(a)	Registered Agent and Registered Office shown on the records			
(**,	Registered Agent and Registered Office shown on the records REGISTEREDAGENTSOLUTIONS.INC.	of the Florida Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREE	ST ADDRESS)	<del>1</del> <del>1</del> <del>2</del> <del>1</del> <del>8</del>	
	155 OFFICE PLAZA DR. STE A	 		
	TALLAHASSEE	FL 32301	FEB 13	
		•	··· i _	
(b)	Enter name of NEW Registered Agent and/or NEW Register	arad Office address:		
	Enter name of NEW Registered Agent and/or NEW Register	124 Olike mudres.	÷ φ □ ω ω	
	CTCorporationSystem		· က	
	NEW Registered Office Address:			
	1200SouthPincIslandRoad			
	Plantation	FL 33324		
e chi gent as/w ie art	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cicles of organization or the operating agreement of which Hilds.	s of the registered office and the business of d liability company, it is hereby confirmed to ars of the limited liability company or as other	hat the change(s) erwise provided	
	eby accept the appointment as registered agent and sions of all statutes relative to the proper and compl digations of my position as registered agent as prov rely reflect a change in the registered office address	agree to act in this capacity. I further agre ele performance of my duties, and I am fam	e to comply with ultar with and ac	

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