L14000098931

| (Requestor's Name) | | | | | |
|---|--------------------|-------------|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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SECRETARY OF STATE STATE OF CORPORATIONS

C. LEWIS AUG 1 2014 EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|--|
| SUBJECT: Florida Liberty Street Partners. | |
| Name of Limited L | iability Company |
| Dear Sir or Madam: | |
| Dear Sir of Wadam. | |
| The enclosed Registered Agent/Registered Office Ch | ange and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matt | er to the following: |
| ricase return an correspondence concerning and made | er to the following. |
| Paul C. Nick, CPA | |
| Name of Person | |
| Davidson & Nick, CPA's, P.A. | |
| Firm/Company | |
| 2400 N. Tamiami Trail N. | |
| Address | <u>.</u> |
| Naples, FL 34103 | |
| City/State and Zip Code | |
| | • |
| <u>pnick@dncpas.com</u> E-mail address: (to be used for future annual a | report petification) |
| E-man address. (to be used for future annual) | report notification) |
| For further information concerning this matter, please | e call: |
| Paul C. Nick, CPA at (239) | 261-8337 |
| | Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 | - with the second secon |
| Enclosed is a check for the following amount: | |
| x \$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 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.

| 1. N | ame of the limited liability company: Florida | a Liberty St | reet Partners, LLC | | |
|--------------------------------|---|--|--|--|--|
| 2. (a) | 2240 Venetian Court | (b) | 2240 Venetian Court | | |
| | 2240 Venetian Court Principal office address of limited liability com (Note: MUST BE STREET ADDRES) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| Naples, FL 34109 | | - | Naples, FL 34 | Naples, FL 34109 | |
| 3. | 06/20/2014 Date of filing/registration in Florida | | L14000098931 | ent number | |
| ٠. | Date of Hings egistiation in Florida | •• | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| 5. (a) | P. Christopher Wegner Registered Agent and Registered Office shown of the shown of | | | | |
| | Suite 200 | | | | |
| | Naples | | | | |
| | Paul C. Nick, CPA Enter name of NEW Registered Agent and/or 2400 Tamiami Trail N. NEW Registered Office Address: Suite 201 | | | MAID: 48 | |
| | Naples | | | <u>.</u> | |
| change Or, in to vote of | imited liability company is not organized under the law as are made, the Florida street address of the registered the case of a Florida limited liability company, it is here the members of the limited liability company or as other to fithe limited liability company. | office and the reby confirm herwise prov | ne business office of the registere ed that the change(s) was/were an ided in the articles of organization | d agent will be identical. uthorized by an affirmative on or the operating | |
| | Chronophon latgree | . _ | Authorized representati | | |
| Signate | ure of a member or authorized representative of a mem | nber | Printed or typed na | ime of signer | |
| all stat positio | by accept the appointment as registered agent and agreates relative to the proper and complete performance in as registered agent as provided for in Chapter 605, red office address, I hereby confirm that the limited lie | of my duties, F.S. Or, if th | and I am familiar with and acce ais document is being filed to mer | pt the obligations of my ely reflect a change in the | |

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25,00

Signature of Registered Agent