44000142615

(Re	equestor's Name)			
(Address)				
(Address)				
(Cir	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



900279700209

12/14/15--01006--009 **25.00

2015 DEC IN P 2: 27

DEC 1 5 2015

3 MASON

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJE	1170 Edington Place LLC				
		Name of Limited Liability Company			
Dear Si	ir or Madam:				
The end	closed Registered Agent/Registered Office C	Change and fe	e(s) are submitted for filing.		
Please	return all correspondence concerning this m	atter to the fol	llowing:		
Marya	anne Nader				
			-		
	Name of Person				
1170	Edington Place LLC				
	Firm/Company		-		
2201	Royal Lane				
	Address				
Naple	es, FL 34112		_		
	City/State and Zip Code		-		
mana	tee0923@aol.com				
E	-mail address: (to be used for future annual	report notifica	ation)		
For fur	ther information concerning this matter, ple	ase call:			
Marya	anne Nader	239 at (404-4401		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, Florida 32314		
• • •	Enclosed is a check for the following amount:				
	☑ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy		

INHS18 (2/14)

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.

I. Na	ame of the limited liability company: 1170 Edingt	on Place LL	C
•	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2201 Royal Lane	P.	O. Box 771225
	Naples, FL 34112	Na	aples, FL 34107
	September 11, 2014	L14	1000142615
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
, (a)	Registered Agent and Registered Office shown on the records of	of the Florida Dept	t. of State:
	Maryanne Nader		
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)	
	104 Conners Ave.		ald address s
	Naples , F	_{L_} 34108	The state of the s
			SSS TARY
(b)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office address	
			F ST 2:
	Maryanne Nader		17/1 2 17/1 2
	NEW Registered Office Address:		naw and russ
	2201 Royal Lane		
	Naples _F	_L 34112	
he changent was/w was/w he art Signa I here provis the ob-	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the sture of a member or authorized representative of a member by accept the appointment as registered agent and a linguistions of all statutes relative to the proper and completing accept the appointment as registered agent as provided by reflect a change in the registered office address, d in writing of this change.	of the registere liability compa s of the limited ne limited liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company. Printed or typed name of signee