

5/16/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 21401 Harborside, LLC
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:

Patricia E. O'Leary
Name of Person

21401 Harborside, LLC
Firm/Company

3710 Como Street
Address

Port Charlotte, FL, 33948
City/State and Zip Code

All lower case ↓ poleary2014@pcloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia E. O'Leary at (941) 276-6587
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

5/16/20

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. Name of the limited liability company: 21401 Harborside, LLC
 2. (a) 3710 Como st, Port Charlotte, FL (b) 3710 Como st, Port Charlotte, FL
 Principal office address of limited liability company: FL Mailing address of limited liability company: 33948
 (Note: **MUST BE STREET ADDRESS**) 33948 (Note: **MAY BE POST OFFICE BOX**)

3. November 03, 2014 Date of filing/registration in Florida 4. L14000170998 Document number

5. (a) A. Jill C. McCrory MCCRORY LAW FIRM, PL Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
309 Tamiami Trail, Punta Gorda
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
 _____, FL 33950

FILED
 2020 MAY 20 PM 2:36
 SECRETARY OF STATE
 TALLAHASSEE, FL 32310

(b) Patricia E. O'Leary
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
3710 Como st.
NEW Registered Office Address:
Port Charlotte, FL
 _____, FL 33948

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.

PATRICIA E. O'LEARY Signature of a member or authorized representative of a member
Patricia E. O'Leary 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 605, 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.

PATRICIA E. O'LEARY
 Signature of Registered Agent