## L14000174594

| (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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|   |

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## **COVER LETTER**

TO: Registration Section

INH\$18 (2/14)

| Division of Corporations   |                      |  |       |               |                                       |
|--|----------------------|--|-------|---------------|---------------------------------------|
| Purple Isles, LLC  |                      |  |       |               |                                       |
|  | ame of Limited Li    | ability Company  |       |               |                                       |
| Dear Sir or Madam:   |                      |  |       |               |                                       |
| The enclosed Registered Agent/Registered C   | Office Change and    | fee(s) are submitted for filing.   |       |               |                                       |
| Please return all correspondence concerning  | this matter to the f | following:   |       |               |                                       |
| Gregory A. Friedman  |                      |  |       |               |                                       |
| Name of Person   |                      | <del></del>  |       |               |                                       |
| Friedman Maguire & Carey, P.C.   |                      |  |       |               |                                       |
| Firm/Company   |                      | <del></del>  | _/! · | 202           |                                       |
| 151 S. Rolling Hill Road   |                      |  | ALLS  | 2021 MAY 13   |                                       |
| Address  |                      | _  |       | <u></u><br>دن | i i i i i i i i i i i i i i i i i i i |
| Tavernier, FL 33070  |                      |  | -     |               |                                       |
| City/State and Zip Coo   | de                   | _  | ; ,   | 2: 5          | <i>ل</i> ين                           |
| gfriedman@fmpclaw.com  |                      |  | 1.,   | <i>Ο</i> :    |                                       |
| E-mail address: (to be used for future   | annual report noti   | fication)  |       |               |                                       |
| For further information concerning this ma   | itter, please call:  |  |       |               |                                       |
| Gregory Friedman   | 312<br>at (          | 953-1616   |       |               |                                       |
| Name of Person   |                      | Area Code & Daytime Telephone Number   | Γ     |               |                                       |
| 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 follo  | wing 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 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.

| 83201 Old Highway, Unit 504, Islamorada FL 33036   | (b) 831  | 201 Old Highway, Unit 504, Islamorada, Fl. 3  | 303         |
|--|--|---|-------------|
| Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)   |  | Mailing address of limited liability compar<br>(Note: MAY BE POST OFFICE BOX)   | ıy:<br>)    |
|  |  |   |             |
| 11/10/2014   | LI   | 4000174594  |             |
| Date of filing/registration in Florida   | 4.   | Document number   |             |
| a) Gregory A Friedman  |  |   |             |
| Registered Agent and Registered Office shown on the rec  | ords of the Florida De   |   |             |
| 151 Rolling Hill Road, Tavernier, FL 33070   |  | 2021 MAY  |             |
| Registered Office Address (MUST BE FLORIDA S   | TREET ADDRESS)   |   |             |
| 87889 Overseas Highway   |  |   |             |
| Islamorada   | .FL 33036  | <u> </u>  |             |
|  | , , , ,  |   |             |
| No change to name of Registered Agent  |  |   |             |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW B</u>  | tegistered Office adds   | ress:   |             |
|  |  |   |             |
|  |  |   |             |
|  |  |   |             |
| NEW Registered Office Address:   |  |   |             |
| NEW Registered Office Address:  151 S. Rolling Hill Road   |  | <del></del>   |             |
| 151 S. Rolling Hill Road   | E. 33070   | <del></del>   |             |
| 151 S. Rolling Hill Road  Tavernier  | , FL   |   |             |
| 151 S. Rolling Hill Road   | der the laws of the<br>ress of the registere<br>limited liability co<br>nembers of the lin   | ed office and the business office of the regionmany, it is hereby confirmed that the chanited liability company or as otherwise provided in the company of the confirmed that the company of the confirmed in the confirmed that the confirmed in the confirmed that the confirmed in | ster<br>nge |
| Tavernier  the limited liability company is not organized und nange or changes are made, the Florida street address/were authorized by an affirmative vote of the and earticles of organization or the operating agreem      | der the laws of the<br>ress of the registere<br>limited liability co<br>nembers of the limited<br>tent of the limited  | ed office and the business office of the regionpany, it is hereby confirmed that the chanited liability company or as otherwise providability company.  chael Rempe   | ster<br>nge |
| Tavernier  the limited liability company is not organized unange or changes are made, the Plorida street address will be identical. Or, in the case of a Florida asswers authorized by an affirmative vote of the identical. | der the laws of the ress of the registere limited liability conembers of the limited l | ed office and the business office of the regionpany, it is hereby confirmed that the chanited liability company or as otherwise providability company, chael Rempe  Printed or typed name of signee   | nge<br>vide |

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