## 6-14000 182779

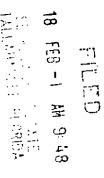
(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJI	Olde Naples Seaport Unit 10	Olde Naples Seaport Unit 105 LLC				
50100	Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning thi	s matter to the following:				
Share	on Gilkey					
	Name of Person					
Olde	Naples Seaport Unit 105 LLC					
	Firm/Company	<del></del>				
РО В	ox 730					
	Address					
Winte	er Park, FL 32790-0730					
	City/State and Zip Code	<del></del>				
accou	unting@montanna.com					
E	-mail address: (to be used for future ann	ual report notification)				
For fur	ther information concerning this matter.	please call:				
Sharo	on Gilkey	407 415-7444				
	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	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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.

1. Na	ume of the limited liability company: Olde Naples S	Seapor	t Unit 10	5 LLC	
2. (a)	1001 10th Ave South, Unit 105,	<i>t</i> }	(b) PO Box 730		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	Naples, FL 34102	_	Winter	Park, FL 32790-0730	
	11/26/2014		L14000	182779	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	ADAMCZYK LAW FIRM PLLC				
,	Registered Agent and Registered Office shown on the records of to 5644 TAVILLA CIRCLE	the Florid	a Dept. of St	ate:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Suite 207		- <del> </del>		
	Naples	34110			
(b)	Sharon Gilkey			- 2 年 日 2 章 日	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	ldress:	- 1080 117. 128. 188. 199. 199. 199. 199. 199. 199. 19	
	311 N Interlachen Ave			>*	
	NEW Registered Office Address:			<del></del>	
	Winter Park FI	32789		<del></del>	
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regiubility confirmation that the line	stered offi ompany, it nited liabil	ice and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in	
	Dham Hiller	Sha	aron Gilk	·	
Signa	ture of a member or authorized representative of a meinber			Printed or typed name of signee	
provisi the obl to mere	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I lim writing of this change.	ee to ac perform d for in ( tereby c	t in this ca tance of m Chapter 6 confirm tha	spacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been	
Signatu	re of Registered Agent				

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