

**L14000189935**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

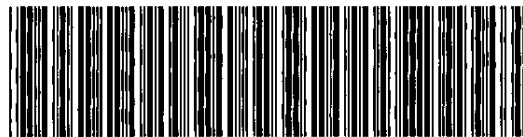
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200297677022

04/18/17--01024--005 \*\*25.00

**FILED**

2017 APR 18 A 11: 32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
APR 19 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 4, 2017

PATRICK J LANE  
606 BALD EAGLE DR, STE 301  
MARCO ISLAND, FL 34145

SUBJECT: MENDOZA BROS. 5, L.L.C.  
Ref. Number: L14000189935

We have received your document for MENDOZA BROS. 5, L.L.C., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 517A00006432

2017 APR 18 A 11:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

RECEIVED  
2017 APR 17 PM 3:00  
REGULATORY SPECIALIST II  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mendoza Bros S LLL  
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:

Patrick J Lane  
Name of Person

\_\_\_\_\_  
Firm/Company

606 Bald Eagle Dr Ste 301  
Address

Marco Island FL 34148  
City/State and Zip Code

plavecpa@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patrick J Lane at ( 239 ) 956 710  
Name of Person Area Code & Daytime Telephone Number

2017 APR 18 A 11: 32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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

**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. Name of the limited liability company: Mendoza Bros B LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 Principal office address of limited liability company: Mailing address of limited liability company:  
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

271 Price St 271 Price St  
Naples FL 34113 Naples FL 34113

3. \_\_\_\_\_ 4. L14000189935  
 Date of filing/registration in Florida Document number

5. (a) Patrick J Lane  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

277 N Collier Blvd  
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Marco Island, FL 34145

(b) Patrick J Lane  
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

606 Bald Eagle Dr #301  
**NEW Registered Office Address:**

Marco Island, FL 34145

**FILED**  
 2017 APR 18 A 11:32  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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.

Sandra Mendoza  
 Signature of a member or authorized representative of a member

Sandra Mendoza  
 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.

[Signature]  
 Signature of Registered Agent