Florida Department of State

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LLC REGISTERED AGENT CHANGE BANYAN CAY MAINTENANCE, LLC

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Corporate Filing Menu

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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.

(at		ď.	`	
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(D)N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	8/13/15 Date of filing/registration in Florida	- - 4.	L1500013	38601 Document number
	Klett, Mesches & Johnson, P.L.	**		Dodament than 1001
(a)	Registered Agent and Registered Office shown on the records of the	e Florida	Dent of State	
		.0 1 101141	Dept of State	•
	Registered Office Address (MUST BE FLORIDA STREET AD 2855 PGA Boulevard, Suite 100	DDRESS	1	
	Palm Beach Gardens	33410		
. .	Klett, Mesches & Johnson, P.L.	· · · · · · · · · · · · · · · · · · ·	<u> </u>	76 To
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	Iress:	SEP 22
	NEW Registered Office Address:			
	4400 PGA Boulevard, Suite 304			5
				4
	Palm Beach Gardens .FL3	33410		
e cha ent was/we e arti	mited liability company is not organized under the lawinge or changes are made, the Florida street address of trill be identical. Open the case of a Florida limited liable authorized by an affirmative vote of the members of cles of erganization or the operating agreement of the liable of a member or authorized representative of a member by accept the appointment as registered agent and agreement of instances of all statutes relative to the proper and complete projections of my position as registered agent as provided by reflect a change in the registered office address, I have the proper and complete in the registered office address, I have the proper and complete in the registered office address.	he regis pility co the limi imited li	tered office mpany, it is ited liability ability com	and the business office of the register hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signee

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

INHS18 (2/14)