## 115000179979

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
· (Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



300290350423

10/06/16--01018--010 \*\*55.00

2016 OCT -6 A II: L

DERVEE

## **COVER LETTER**

Division of Corporations						
SUBJECT: 800 Harbour LC  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:						
Michele H. Lawer Name of Person						
800 Her Vocer CCC Firm/Company						
800 Hurbour Drive	ALCO OCT					
Address	(C) 1 (February C) 1					
City/State and Zip Code						
City/State and Zip Code						
E-mail address: (to be used for future annual report						
For further information concerning this matter, please ca						
Michele Laurer at (2						
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	ame of the limited liability company:	04	erbo	ur UC
2. (a)	Principal office address of limited liability company:	_ (b)	α_	4380 Gulfshore Blud. N #310 Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) Napres, PL 34103	-	New:	Muples, FL 34103
		_	1	
2	10212016	_	{	_150001799719
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of the	e Florida l	Dent of St	nte:
	4330 Gulf Shore Blod		•	atc.
	Registered Office Address (MUST BE FLORIDA STREET AL			<del>_</del>
				20 20 20 20 E
	Naples ,FL	2410	3	2116 O
	, FL			
(b)				OCT -6 A III IIO
	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ress:	
	NEW Registered Office Address:			_ > 0
	800 Herbouri	nvc		_
	Naples , FL	<u> 341</u>	<u>ා</u> 3	
the cha agent v was/we	imited liability company is not organized under the lawsing or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liabers.	he regist pility con the limi	ered offi npany, it ted liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
Signo	ture of a member or authorized representative of a member		Mic	Printed or typed name of signee
	by accept the appointment as registered agent and agre	e to act	in this co	.,
provisi the obl to mer	ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d in writing of this change.	performa for in C	nce of m hapter 6 nfirm tha	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

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

Signature of Registered Agent