## L15060182558

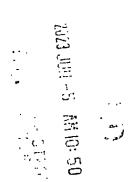
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



300409997053

06 (05/23 ±010)6+±001 ±+35.00



1.00 - 1 2023

## **COVER LETTER**

CR2E045 (04/13)

TO:	Amendment Section Division of Corporations	
SHRII	FCT, Perico Bayou, LLC	
Name	ECT: Perico Bayou, LLC of Corporation	
DOCU	JMENT NUMBER: L15000182558	<del></del>
The en	iclosed Statement of Change of Registered Off	fice/Agent and fee are submitted for filing.
Please	return all correspondence concerning this mat	ter to the following:
David (	Goben	
	of Contact Person	
	and & Neighborhoods	
	Company	<del></del>
5800 L	akewood Ranch Blvd n	
Addres	SS	<del></del>
Sarasot	ta. FL 34240	
City/S	tate and Zip Code	
	dgoben@nealland.com	
E-mai	l address: (to be used for future annual rep	ort notification)
For fur	ther information concerning this matter, pleas	e call:
David (	Goben	328-1989
	Name of Contact Person	at (941 )328-1989 Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the Dep	artment of State. ]
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

500-5075

-

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	unge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida		
		registered agent, or both, in the State of Florida.		
1. The name of	the corporation: Perico Bayou, LLC			
2. The principal	office address: 5800 Lakewood Ra	nch Blvd. Sarasota. FL 34240		
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 10/21/2016	Document number:		
	d street address of the current regist rtment of State: (If resigned, enter t	tered agent and registered office on file with the resigned)		
	Michael P Neal			
	5800 Lakewood Ranch Blvd N			
	Sarasota, FL 34240	Ġ,		
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered office		
	David Goben			
	5800 Lakewood Ranch Blvd N			
	P.Q. Box NOT acceptable			
	Sarasota, FL 34240			
The street addras changed will	ess of its registered office and the be identical.	street address of the business office of its registered agent,		
Such change w authorized by the	as authorized by resolution duly a he board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.		
		Michael P. Neal, President		
Signatu	ne of an officer or director	Printed or typed name and title		
I further agree of my duties, ar document is be	the appointment as registered ag to comply with the provisions of a nd I am familiar with and accept to ing filed merely to reflect a chang s been notified in writing of this co	ent and agree to act in this capacity. All statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the hange.		
	MPUM (	5/24/2023		
•	enature of Registered Agent	Date		
- 5	<del></del>			
T	yped or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

\* \* \* FILING FEE: \$35.00 \* \* \*