L15000 206605

(Re	questor's Name)				
(Ad	dress)				
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(Cit	ry/State/Zip/Phone	e #)			
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M. MILLIGAN EXAMINER

SEP -8 -

COVER LETTER

Division of Corporations	
SUBJECT: Mand D Bout a	Of Limited Liability Company
	of Emilion Emonity Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Dehorah L. Harvey Name of Person Phillips Harvey Gro Firm/Company 801 Laurel Bak D Address Naples, FL 34108 City/State and Zip Code Harvey @ Swfl CPAS, Ca E-mail address: (to be used for future annual	r. 8te 303
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter, pl	
Deborah L. Harvey CPA	at (
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 ar	mount: \$55 Filing Fee & Certified Copy
7 * :	= \$55 time rec a contined 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.

	m , a	Ω	1 0		110	
1. Na	me of the limited liability company: $\underline{m_{and}}$					
2. (a)	777 Bentwood Pt	_ (b)	777	Bentwo	od Pt	
• •	Principal office address of limited liability company:	_ \		lailing address of	limited liability company:	
	(Note: MUST BE STREET ADDRESS)				E POST OFFICE BOX)	
	Naples, FL 34110	<u>-</u> -	<u>Napl</u>	les, FL	34116	
		_				
	12/11/15		1 1560	6 2066 05		
3.	Date of filing/registration in Florida	4.		Document nur		
٥.	_	٦.		Document nur	noci	
5.(a)	Michael Brookman					
	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State	:	3	
	777 Bentwood PL.					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	M . /	2111	^			
	Naples ,FL	2411	<u> </u>		A A	
/L \	Deborah L. Harvey, CPA				M 8: 39	
(0)	Enter name of NEW Registered Agent and/or NEW Registered (Office add	ress:			
	10 Phillips Harray Grou	p				
	NEW Registered Office Address:	,				
	801 Laurel Oak Dr., Ste	303				
	Naples ,FL	3410	8			
70.1					b.,	
the cha	imited liability company is not organized under the law inge or changes are made, the Florida street address of t	s of the the regis	state of Fice	and the busin	ess office of the registered	
agent v	vill be identical. Or, in the case of a Florida limited lia	bility co	mpany, it is	s hereby confir	rmed that the change(s)	
	ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l				as otherwise provided in	
(///					20.0	
Signa	ture of a member or authorized representative of a member		- nue	Brook m Printed or typed	name of signee	
I here	by accept the appointment as registered agent and agre	ee to act	in this cape	acity. I further	r agree to comply with the	
provisi the obl	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided efy reflect a change in the registered office address, I h	performa I for in C	ince of my o Chapter 605	duties, and I at , F.S. Or, if th	m familiar with and accept iis document is being filed	
to mer	efy reflect a change in the registered office address, I h d in writing of this change. /	ereby co	nfirm that i	the limited lial	bility company has been	
	Helwinh & Harry CPA					
Signatu	re df Registered Agent					