## Florida Department of State Division of Corporation

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(((H23000285167 3)))



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Account Name : SHUMAKER, LOOP & KENDRICK LLP

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dkienzle@kienzleco.com Email Address:\_

## LLC REGISTERED AGENT CHANGE PALM COVE, LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

suh	mit.	at to the provisions of sections 605,0114 or 605,0116, s the following statement in order to change its register	Ftorida St ed offica or	autes, the undersi registered agent.	gned limited liability company or both, in the State of Florida.
1.	Na	ime of the limited liability company: Palm Cove, LLC			
2. (		5439 Osprey Court, Sanibel, Florida 33957	1	000 Jackson Street,	óledo. Ohio 43604
,	(u.)	Principal office address of limited liability company.  (Note: MUST HE STREET ADDRESS)	(b) <u></u>	Mailing addr	ss of limited liability company: Y BE POST OFFICE BOX
			- <u>-</u>		1
		January 13, 2016	L1 <i>0</i>	5000007367	
3.		Date of filing/registration in Florida John W. Hilbert II	4.	Document	number
5.	(a)			<del></del>	
		Registered Agent and Registered Office shown on the records of th 17056 Marina Cove Lane	e Florida Deş	n, of State:	;
		Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)	<del></del>	
		Fort Alyers . FL	3908	<del></del>	202
(b)	b) .	David W. Kienzle			FAM 2023 AUG 1 6
		Enter name of NEW Registered Agent and or NEW Registered C	office addres	<u>\$</u> ;	验方程
		5439 Osprey Court			7
		NEW Registered Office Address:			5: 53
		Sanibel .FL 3	3957		
ager was the a	it w /we artic	mited liability company is not organized under the laws or changes are made, the Florida street address of the resill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the limited liab.	ility compa the limited	ince and the busine my, it is hereby con- liability company	is office of the registered
1	<u>~ ^</u>	E-CW. HOLLYIF		Hilbert II, Authorize	 
5 ij	gnati Z	sie of a member or authorized representative of a member		Printed or ty	ped name of signee
he e a n:	obli; ere:	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided f by reflect a change in the registered office address, I have in writing of this change.	to act in the grjormance or in Chap reby confir	his capacity. I furt of my duties, and i ter 605, F.S. Or, i m that the limited I	her agree to comply with the lam familiar with and accept this document is being filed iability company has been
		avid W. Kienzle			
Sign	ntur	of Registered Agent			
		Division of Corporations • P.O. Bu FILING FEI	x 6327+ T 5: \$25.00	allahussee, FL 32.	3 4