

L16000017365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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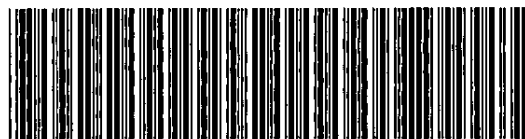
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2017 MAY -4 PM 4:49

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K. SALY

MAY -5 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BAYSIDE HIBISCUS, LLC  
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:

JOSEPH HEINL  
Name of Person

BAYSIDE PARTNERS, LLC  
Firm/Company

4300 SILVER LAKE HIGHLANDS AVE.  
Address

STOW, OHIO 44224  
City/State and Zip Code

joe@bayside-partners.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH HEINL at (561) 722-5784  
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

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. Name of the limited liability company: BAYSIDE Hibiscus, LLC
2. (a) 4300 Silver Lake Highlands Ave (b) (SAME)  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)  
STOW, Ohio 44224

3. 1-25-2016 Date of filing/registration in Florida 4. L16000017365 Document number

5. (a) JOSEPH HEINL  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
4155 PINELLA CIRCLE, #371  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
PBG, FL  
33410, FL

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TALLAHASSEE, FLORIDA

- (b) MICHAEL WINTER  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
1387 WEXFORD DRIVE S.  
NEW Registered Office Address:

PALEMBOR, FL 34683

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Joseph Heinl JOSEPH HEINL  
Signature of a member or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

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