116000031815

<u></u>							
(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:							
J. HORNE 2024							

Office Use Only



400433798884

2024 AUG 20 AKII:

FILED 2024 AUG 20 AM 11: 39



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

For any issues please contact Cheyanne Davis Date:_____08/20/2024 (850) 202-1882 Name: Cheyanne Davis 2464103 Reference #: _____ Entity Name: LMP 118TH AVENUE LAGOON, LLC Articles of Incorporation/Authorization to Transact Business ☐ Amendment Change of Agent Reinstatement Conversion Merger Dissolution/Withdrawal Fictitious Name

Authorized Amount:

Other_____



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date:	08/20/2024	(850) 202-1882				
	Cheyanne Davi	<u>s</u>				
Reference	#:2464103					
Entity Name	e:LMP 118	TH AVENUE LAGOON, LLC				
☐ Ame	eles of Incorporation/Authorndment endment inge of Agent instatement version	orization to Transact Business				
☐ Merg						
☐ Dissolution/Withdrawal						
Ficti	tious Name					
☐ Othe	er					
Authorized	Amount: \$25	.00				

F: 800.944.6607



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.

Name of the limited liability company:			LMP 118TH AVENUE LAGOON, LLC			
2. ((a)	no change	(b)		no change	
·	` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- ` ` `	M	lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3.		2/15/2016 Date of filing/registration in Florida	- 4.		L16000031815 Document number	
		U -	٦.		Document number	
5. (a)	(a)	REDDEN, DAVID H Registered Agent and Registered Office shown on the records of the	2024			
		Registered Office Address (MUST BE FLORIDA STREET AL	AL THE			
(b)		11600 NINTH ST N	FILED ANG 20 AM			
		ST. PETERSBURG , FL_	33	716	- 呈口	
	(b)	Cogency Global Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address:			FILED 20 AM 11: 39	
		115 North Calhoun Street, Suite 4 NEW Registered Office Address:				
		Tallahassee FL_	32	301		
the age was	cha nt v s/we	imited liability company is not organized under the lawsinge 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 cles of organization or the operating agreement of the li	he regist vility cor the limi	ered office npany, it is ted liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
		/s/ David Redden			David Redden	
I he pro the to n	erel visi obl nere	ture of a member or authorized representative of a member by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations 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.	e to act erforma for in C ereby co	in this capa nce of my a hapter 605, nfirm that t	Printed or typed name of signee acity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been	
Sio	nativ	/s/ Michael Carlisle re of Registered Agent Michael Carliele Assistant Secre	-4			
- 12		Michael Carlisle, Assistant Secre	etary			

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