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| (Requestor's Name) | | | |
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| (City/State/Zip/Phone #) | | | |
| (City/State/2ip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| | | | |
| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
| | | | |
| Certified Copies Certificates of Status | | | |
| <u></u> | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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04/27/17--01007--004 **25.00



COVER LETTER

| Division of Corporations | | | |
|--|---|--|--|
| SUBJECT: 15575 Beachcomber LLC | | | |
| | ited Liability Company | | |
| Dear Sir or Madam: | • | | |
| The enclosed Registered Agent/Registered Office Chan | ge and fee(s) are submitted for filing. | | |
| Please return all correspondence concerning this matter | to the following: | | |
| Jeffrey Lander Jr. | | | |
| Name of Person | | | |
| 15575 Beachcomber LLC | | | |
| Firm/Company | | | |
| 2644 Shriver Drive | | | |
| Address | | | |
| Fort Myers, FL 33901 | | | |
| City/State and Zip Code | 1.55 | | |
| jblander@comcast.net | 温まで | | |
| E-mail address: (to be used for future annual repor | t notification) | | |
| For further information concerning this matter, please ca | t notification) all: 837-0112 | | |
| Jeffrey Lander Jr | 837-0112 | | |
| 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 | | |

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.

| 1. N | lame of the limited liability company: 15575 Beach | hcomber LLC | |
|---------------------------|--|---------------------------------------|--|
| 2. (a) | 15575 Beachcomber LLC | (b) 15575 | Beachcomber LLC |
| - . (u, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 15637 Beachcomber Ave | 15637 | Beachcomber Ave |
| | Fort Myers, FL 33908 | Fort My | yers, FL 33908 |
| | 5/18/2016 | L160000 | 093353 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a | , William Stott | | |
| J. (a | Registered Agent and Registered Office shown on the records o | f the Florida Dept. of Sta | ate: |
| | 15575 Beachcomber LLC | · | -1 S = 1 |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | 温量工 |
| | 15637 Beachcomber Ave | | - 27 - 27 |
| | Fort Myers | , 33908 | FILED NO 08 |
| | , 1 | L | - Es 5 |
| (b) | | | and a |
| , , | Enter name of NEW Registered Agent and/or NEW Registere | d Office address: | |
| | | | |
| | NEW Registered Office Address: | | _ |
| | 2644 Shriver Drive | | |
| | | · · · · · · · · · · · · · · · · · · · | |
| | Fort Myers | L_33901 | _ |
| 1646 | | | |
| | limited liability company is not organized under the la tange or changes are made, the Florida street address o | | |
| agent | will be identical. Or, in the case of a Florida limited lyere authorized by an affirmative vote of the members | iability company, it | is hereby confirmed that the change(s) |
| the ar | ticles of organization or the operating agreement of the | e limited liability co | impany. |
| | elle Brintente h. | Jeffrey Bria | n Lander Jr. |
| Sign | adule of a member or authorized representative of a member | - | Printed or typed name of signee |
| provis the ob to me | eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, led in writing of this change. | e nertormance ot mi | duties, and I am familiar with and accept |
| Signat | ure of Registered Agent | | |