

216000107118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

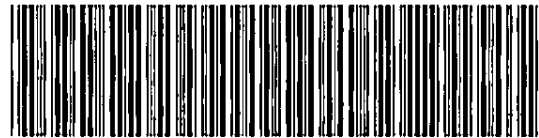
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700331994267

07/30/13--01030--010 \*\*25.00

FILED  
2019 JUL 30 AM 11:14  
SECTION 601.01  
TALLAHASSEE, FL

AUG 06 2019  
C. Kins.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Bay Club of Naples II, 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:

Paul J. Battista, Esq.

Name of Person

Genovese Joblove & Battista, P.A.

Firm/Company

100 SE 2nd Street, Suite 4400

Address

Miami, FL 33131

City/State and Zip Code

pbattista@gjb-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colleen Hopkins

Name of Person

954 453-8016

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: The Bay Club of Naples II, LLC

2. (a) 1001 Tenth Avenue South #102  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
Naples, FL 34102

(b) c/o Soneet R. Kapila  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
KapilaMukamal, LLP PO Box 14213  
Fort Lauderdale, FL 33302

3. 6/2/16  
Date of filing/registration in Florida

4. L16000107118  
Document number

5. (a) Anthony V. Pretso, Esq.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

900 6th Ave S.  
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)  
Suite 203  
Naples, FL 34102

(b) Paul J. Battista, Esq.  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Genovese Joblove & Battista, P.A.  
NEW Registered Office Address:  
100 SE 2nd Street, Suite 4400  
Miami, FL 33131

**FILED**  
2019 JUL 30 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FL

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.

Soneet R. Kapila  
Signature of a member or authorized representative of a member

Soneet R. Kapila, Sole Manager  
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.*

Soneet R. Kapila  
Signature of Registered Agent

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