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COVER LETTER

Division of Corporations			1				
Naples Land LLC	Naples Land LLC						
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.					
Please return all correspondence concerning th	is matter to	the following:					
Burt E. Eisenberg							
Name of Person							
Burt E. Eisenberg, P.A.							
Firm/Company							
1152 Goodlette Road N.			2019				
Address			2019 HAR 22	777 777			
Naples, FL 34102			22 F	E S			
City/State and Zip Code			PM 5:50	Ċ			
beisenberg@burteisenberglaw.com			50 50				
E-mail address: (to be used for future ann	nual report i	notification)					
For further information concerning this matter.	, please call	:					
Burt E. Eisenberg	239	435-3232					
Name of Person		Area Code & Daytime Telephone Nu	mber				
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	Ĺ	■ \$55 Filing Fee & Certified Copy					

TO:

Registration Section

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. Na	nme of the limited liability company: Naples La	nd LLC				
2. (a)						
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1152 Goodlette Road N. Naples, FL 34102		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
			1152 Goodlette Road N. Naples, FL 34102			
	6/3/2016	l	_1600010819	2		
3.	Date of filing/registration in Florida	4.	Docu	iment number		
5. (a)	Burt E. Eisenberg					
J. (a)	Registered Agent and Registered Office shown on the record	ls of the Florida	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)		APPROVEU APPROVEU FILED 2019 MAR 22 PM		
	Naples	, FL_34109		AND AND 22		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Office add	<u></u>	PM 5: 50		
	NEW Registered Office Address:					
	1152 Goodlette Road N.					
	Naples	, FL <u>34102</u>				
the cha agent v was/wa	imited liability company is not organized under the ange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite ere authorized by an affirmative vote of the membericles of organization or the operating agreement of	s of the registed liability cor ers of the limi	ered office and npany, it is here ted liability com	the business office of the registered by confirmed that the change(s) pany or as otherwise provided in		
			Burt E. Eisenberg, Manager			
Signature of a member or authorized representative of a member			Printed or typed name of signee			

I hereby accept the appointment as registered ugent 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 of Registered Agent