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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : SLOANE & JOHNSON, PLLC Account Number : I20150000117 Phone : (407)622-6751 Fax Number : (866)440-1211 **Enter the email address for this business entity to be used for future

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Email Address: j.sloane@sloaneandjohnson.com



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Help

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. Castle & Cottage Realty, LLC 1. Name of the limited liability company; 8515 Conroy Windermere Road #175 2550 Carter Grove Circle 2. (a) (b) Principal office address of limited fiability company; Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) Windermere, FL 34786 Orlando, FL 32835 08/01/2016 L16000142058 3. Date of filing/registration in Florida 4. Document number Sloane & Johnson, PLLC 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 3670 Maguire Boulevard, Suite 250 (MUST BE FLORIDA STREET ADDRESS) Registered Office Address 3 Oriando 32803 2 (b) လ္ Enter name of NEW Registered Agent and/or NEW Registered Office address: Katherine Bordelon NEW Registered Office Address: 2550 Carter Grove Circle Windermere 34786 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 husiness 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 g agreement of the limited liability company. the articles of org - DecuSigned by: Kathmine Bordelon Katherine Bordelon -658624887440400 . Signature of a men ve 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 confirm that the limited liability company has been notifice with seven the provision of the properties of the provided for the confirm that the limited liability company has been notifice with and accept to the provided for the properties of the provided for the provided for the properties of the provided for the provided for the properties of the pr notifi ge. Katherine Bordebon Signaluit of Received Avoint Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 **FILING FEE: \$25.00** (((H160003190713))) INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR

LIMITED LIABILITY COMPANY

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