L16000 153976

(Re	questor's Name)					
(Ad	dress)					
	dress)					
(Au	aress)					
· (Cit	y/State/Zip/Phone	: #)				
	F					
PICK-UP	TIAW	MAIL				
(Bu	siness Entity Nam	ne)				
(,				
(Do	cument Number)					
Certified Copies	ertified Copies Certificates of Status					
•						
Special Instructions to Filing Officer:						

Office Use Only



800313357408

05/30/18--01008--016 **50.00

RECEIVED MAY 29 Zu.J

. LEGGETT MAY 30 2018



COVER LETTER

Registration Section

TO:

INHS18 (2/14)

Division of Corporations						
Fowler Street Development SUBJECT:	Fowler Street Development, LLC					
	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.					
Please return all correspondence concerning th	nis matter to the following:					
Gabriele Baum						
Name of Person						
Fowler Street Development, LLC						
Firm/Company						
1240 Coconut Drive						
Address						
Fort Myers, Fl. 33901						
City/State and Zip Code						
herbertbaum@aol.com						
E-mail address: (to be used for future ann	nual report notification)					
For further information concerning this matter.	, please call:					
Herbert P. Baum	239 462 5820					
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	g 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. Na	ame of the limited liability company:		Оринс		, 	
2. (a)	1240 Coconut Drive		(b) 1240 Coconut Drive			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mai	iling address of limite Note: MAY BE POS	
	Fort Myers, Fl. 33901		For	rt Myers	s, Fl. 33901	
	08/18/2016		L 16	000153	3976	
3.	Date of filing/registration in Florida	4.	_	D	ocument number	
5. (a)	Bolanos, Truxton, P.A.					
5. (u)	Registered Agent and Registered Office shown on the records of	the Flori	la Dept.	of State:		
	Gregg Truxton					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>:S)</u>			.
	12800 University Drive, Suite 350					60 75
	Fort Myers	3390 ⁻	7			HAY SE
(b)	Gabriele Baum					
	Enter name of NEW Registered Agent and/or NEW Registered	d Office a	<u>ddress</u> :			HAY ST MIN 19
	NEW Registered Office Address:					•
	1240 Coconut Drive					
	Fort Myers	3390	<u> </u>	 -		
the cha agent was/we	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the regiability of the li of the li of limited	isterec compai mited l liabili	foffice anny, it is he liability compa	nd the business o ereby confirmed company or as oth any.	ffice of the registered that the change(s)
- (3)	M Sel	G	abriele	e Baum		-
I here provisi the obi to mer notified	ture of synember or authorized representative of a member by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to a e perfori ed for in hereby	et in th nance Chapt confirr	de ezmeni	rinted or typed name ity. I further agreties, and I am fan F.S. Or, if this does Immited liability	a to comply with the