## LIWOOTIGES

(Re	equestor's Name)					
(Ad	ldress)					
(Ad	ldress)					
(City/State/Zip/Phone #)						
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
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2015 HOV 21 A ID 58 : SECRETARY OF STATE ATT AHASSEE, FLORIDA:

**S Warren** NOV 2 2 2016

## **COVER LETTER**

TO:	Registration Section Division of Corporations		•	
SUBJ				
	Nar	ne of Limited Lia	bility Company	
Dear S	ir or Madam:		e.	
The en	closed Registered Agent/Registered Off	fice Change and fe	ee(s) are submitted for filing.	
Please	return all correspondence concerning th	is matter to the fo	llowing:	
Robe	rt E. Turffs, Esquire			
	Name of Person		-	
Robe	rt E. Turffs, P.A.			
	Firm/Company	<del>-</del> "	•	
1444	First Street, Suite B	· · · · · ·	_	
	Address			
Saras	sota, FL 34236		<u></u>	
	City/State and Zip Code	<u>,                                      </u>	•	
	filing@gmail.com			
E	-mail address: (to be used for future ann	ual report notification	ation)	
For fur	ther information concerning this matter,	please call:		
Robe	rt E. Turffs	941 at (	953-9009	
	Name of Person		Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS: Registration Section		LING ADDRESS: stration Section	
	Division of Corporations		Division of Corporations	
	Clifton Building	P.O.	P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301	Talla	hassee, Florida 32314	
	Enclosed is a check for the following	amount:		
•	\$25 Filing Fee			

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.

Na	ame of the limited liability company: The Preserve	at the Cap	De, LLC		
(a)	1444 First Street	(b) Same as Principal office address			
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	( ,	<del>-</del>	ddress of limited liability company:  MAY BE POST OFFICE BOX)	
	Suite B				
	Sarasota, FL 34236				
	09/16/2016	L16	000176883	_	
	Date of filing/registration in Florida	4.	Document nun	iber	
(a)	Robert E. Turffs, Esquire				
(4)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)			
	Sarasota, ,FL	34236	<del></del> 		
(b)	Zachary Jay Childs			TIL MIN 21	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	Ç Ç		
	NEW Registered Office Address:		_ <del>.</del>	P STE	
	101 South 33rd Street			S 58	
	Mexico Beach	32456	No. of	•••	
cha nt v s/we arti igna	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I is	the registered ability compared if the limited l limited liability Robert	I office and the busine ny, it is hereby confirm liability company or a ty company. E. Turffs, Esquire Printed or typed a	ess office of the registe med that the change(s) s otherwise provided in mame of signee	

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