16000179/61

(Requestor's Name)					
(Address)					
(Address)					
(C	ity/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of a	Status			
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F. WHITE SEP 1 3 2019

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	Lotus Architecture Group LLC					
1,000	Name of	Limited Liability Company				
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning this ma	atter to the following:				
Don :	Stevenson					
	Name of Person					
Lotus	Architecture Group LLC					
	Firm/Company					
2950	Tamiami Trail N Suite 16					
	Address					
Naple	es, FL 34103					
	City/State and Zip Code					
	unts@lotusarchitecture.com					
i	E-mail address: (to be used for future annual	report notification)				
For fu	rther information concerning this matter, plea	ise call:				
Don :	Stevenson	239-304-3041				
	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 amount:					
	☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				

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.

1. Na	ame of the limited liability company: Lotus Archite	ecture Gro	ıp, LLC		
2. (a)	2950 Tamiami Trail N Ste 16	(b) ²	(b) 2950 Tamiami Trail N Ste 16		
- (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		-	g address of limited liabil e: MAY BE POST OFF	
	Naples, FL 34103		laples, FL 34	4103	
	09/26/2016	L1	6000179161	1	
3.	Date of filing/registration in Florida	— <u>4</u> .	Docu	iment number	
5. (a)	Michael Sheeley				
). (a)	Registered Agent and Registered Office shown on the records of	f the Florida D	ept. of State:		
	8200 College Pkwy Suite 101				~ 3
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			7619 SEP
				:	SE - 72
	Fort Myers	33919			J G
	, I [.]	L			
(b)	Don Stevenson				PHO
(0)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addre	<u>ss</u> :	•	— ن الم
	2950 Tamiami Trail N. Suite 16			••	_
	NEW Registered Office Address:				
			_ _		
	Naples , F	L.34103			
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registe liability com of the limite le limited lial	red office and t pany, it is here d liability com	the business office or by confirmed that the opany or as otherwise	of the registered se change(s)
Signa	ture of a member or authorized representative of a member			ed or typed name of sign	ce
provisi the obl to mer notifie	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ly reflect a change in the registered office address, and in writing of this change.	gree to act in le performan led for in Ch I hereby con	this capacity. ce of my duties upter 605, F.S. irm that the lin	I further agree to c s, and I am familiar s Or, if this documen mited liability compo	omply with the with and accept it is being filed any has been