L16 CCO 190846

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					

Office Use Only



400341698684

09/09/20--01020--028 **25.00

COMES TARGET STATE OF STATE STATE OF STATE STATE OF STATE

RA Change

MAR 2 6 2020 D CUSHING

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	CASEY KEY BEACH HOUSE,	LLC			
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Same of Limited Li	ability Company		
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered (Office Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning	this matter to the f	allowing:		
GT,OR	A M. STOGSDILL				
	Name of Person		_		
CASE	KEY BEACH HOUSE, LLC				
	Firm/Company		_		
143161	HARMONY ROAD				
	Address	-			
нимп	.EY, 1L 60142				
	City/State and Zip Code	e	_		
LISAM	ARIEB©SMITHE.COM				
·· ~@	-mail address: (to be used for future a	innual report notifi	cation)	<i>[</i>]	· .
For fur	ther information concerning this matt	ter, please call;		ر.	. <u>.</u>
LISA E	ERNDT	70% at (977 2800	. 7	ا- <u>يار</u>
	Name of Person		Area Code & Daytime Telephone Number		7.
¥			Street Address: Registration Section	; ; 5	•
	Division of Corporations		Division of Corporations		
	P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the followi	ng 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.

I. N	ame of the limited liability company: CASEY KE	У ВЕАСИ ПОП	SE LLC	
2. (a)		thi		
	Principal office address of limited liability compan (Nate: MIIST BE STREET ADDRESS)	y.	Mailing address of limited liability company: (Nate: MAY RE POST OFFICE BOX)	
	3704 SANDSPUR LANE, NOKOMIS FL 34275		14316 HARMONY RD, HUNTLEY IL 60142	
		· -		
	OCTOBER 17, 2016	l.	16000190846	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
	Registered Agent and Registered Office shown on the record B. HANSON	rds of the Florida l	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS	Marie Control of the	
	3704 SANDSPUR LANE			
	NOKOMIS			
	NOKOMIS	_, FL		
(b)	Finier name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u> GLORIA M. STOGSDILL	stered (Misec adde	<u>m</u> :	
	NEW Registered Office Address			
	3704 SANDSPUR LANE			
			-	
	NOKOMIS	FI 34275	<u> </u>	
		- ····		
the arti	or changes are made, the Florida street address of the identical. Or, in the case of a Florida limitate authorized by an affirmative vote of the members of organization or the operating agreement of	of the registered ed liability com ers of the limite	pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in	
	Acres M. Stoydell up of a member or authorized representative of a member	GLOR	GLORIA M. STOGSDILL	
	<i>()</i>		Printed or typed name of signee	
peoetti the obli to mere notifica	ons of an statutes relative to the proper and complications of my position as registered agent as profite reflect a change in the registered office addres By reflect a change in the registered office addres By writing of this change.	vided perjorman vided for in Chi	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 005, F.S. Or, if this document is being filed firm that the limited liability company has been	
Signatur	lai M. Stondell c of Registered Agent	_		

Division of Corporations

• P.O. Box 6327

• Tallahassee, F1, 32314

• FILING FEE: \$25,00

¥

*