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## COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: 23264 HAR3CA	nited Liability Company					
Dear Sir or Madam:	• 1					
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	to the following:					
RANDY BESOSA  Name of Person						
Z3Z64 HARBORVIEW LLC	<i>;</i> <u></u>					
Z3Z64 HARBORNIEW ROAD						
PORT CHARLOSTE, FL 33 City/State and Zip Code	3980					
E-mail address: (to be used for future annual repo	t notification)					
For further information concerning this matter, please c	all:					
RANNY BESESA at (_	941, 255-5968					
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: 2326	4 HAI	LBBEVIEW	LLC		
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) _	Mailing add	Irassavew Iress of limited liability IAY BE POST OFFI	y company:	
	PORT CHARLOTTE, FL 339	<u> ද</u> ුර _	Port Ci	IACLOTTE,	,FL3	3 <u>39</u> 6
2	11/30/16		L16000	217142		
<ul><li>3.</li><li>5. (a)</li></ul>	Date of filing/registration in Florida  PANOT BESOSO	4.	Docume	nt number		
,	Registered Agent and Registered Office shown on the records of t  897 TAM, AM, TRAIL  Registered Office Address (MUST BE FLORIDA STREET A		pt. of State:			
(b)	PORT CHAIZUOTIE .FL.  RANDY BESUSA  Enter name of NEW Registered Agent and/or NEW Registered	33°		alvision of	17 SEP -1	TH
	Z3Z64 HANZONVIEW READ  NEW Registered Office Address:			97 70	17 SEP -1 AH 9: 55	にて
	PORT CHARLOTTE FL	339	80_			
agent w was/wei	mited liability company is not organized under the law- ige or changes are made, the Florida street address of t ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of les of organization or the operating agreement of the li	the registere bility comp. The limited	ed office and the bany, it is hereby collished	ousiness office of t	the registe	ered
Signatu	re of a member of authorized representative of a member		RANDY	BES-5A yped name of signee		
I hereby provision he oblig o merel notified	vaccept the appointment as registered agent and agreens of all statutes relative to the proper and complete partions of my position as registered agent as provided y reflect a change in the registered office address, I he in writing of this change.	e to act in t verformance for in Chap veeby confir		á	iply with i h and acc s being fi has beer	the cept led
Signature	O'Registered Agent  Division of Corporations P.O. Bo	ox 6327• T	allahaggan RI 21	21.1		

FILING FEE: \$25.00

INHS18 (2/14)