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Division of Corporations

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LLC REGISTERED AGENT CHANGE FV LADY EVELYN, LLC

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JUL 12 2021

A. LUNT

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Corporate Filing Menu

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To:

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. N	ame of the limited liability company: FV LADY I	EVELYN, LLC		
2. (a)	985 Ocean Drive	(b) 985 Ocean Drive		
L. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BQX)		
	Cape May, NJ 08204	<u>Cape I</u>	May, NJ 08204	
	12/31/2016	 L 16000)233773	
3.	Date of filing/registration in Florida		Document number	
	M. Bradley Munroe, Esa			SE IVIS
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dent, of State		SECRETAR VISION OF 21 JUL-9
	239 E. Virginia Street	me Fronce Dept. or State	•	
	Registered Office Address MUST BE FLORIDA STREET	ADDRESS)		음국문
	Ingistra onta minus	1001111001		A RPC
	Tallahassee	32301		OF STATE OR STATE OR STATIO OR STATIO
	, FL	,		ONS.
(b)	Registered Agents Inc.			_
(-/	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		
	7901 4th St N			
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	33702		
	, FL	,		
the ch agent was/w	limited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited likere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered office ability company, it is for the limited liability	and the business office hereby confirmed that company or as otherw	of the registered the change(s)
	and tol	Barry Cohen		
	ature of a member or authorized representative of a member		Printed or typed name of sig	-
паши	reby accept the appointment as registered agent and agreements of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I writing of this change.		ncity. I further agree to duties, and I am familia , F.S. Or, if this docum the limited liability com	comply with the r with and accept ent is being filed pany has been
<u> 17</u>	Bill Havre - Assistan	t Secretary		

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