

L17 000022087

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

Account Name : BARNETT, KIRKWOOD, KOCH, LONG & FOSTER, P.A.
Account Number : 072731001155
Phone : (813)253-2020
Fax Number : (813)251-6711

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LLC REGISTERED AGENT CHANGE
307 CRESTWOOD, LLC**

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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. Name of the limited liability company: 307 CRESTWOOD, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

980 GULF BOULEVARD
BELLEAIR SHORES, FLORIDA 33786

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

980 GULF BOULEVARD
BELLEAIR SHORES, FLORIDA 33786

3. 01/27/2017 Date of filing/registration in Florida 4. L17000022087 Document number:

5. (a) PETER T. KIRKWOOD
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
601 BAYSHORE BOULEVARD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SUITE 700
TAMPA, FL 33606

(b) SUSAN C. CAIN
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
980 GULF BOULEVARD

BELLEAIR SHORES, FL 33786

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Susan C. Cain
Signature of a member or authorized representative of a member

SUSAN C. CAIN
Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Susan C. Cain
Signature of Registered Agent

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