

8/10/2018

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2122023573 From: Kimberly Laughre

Division of Corporations

Florida Department of State
Division of Corporations
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2017 IAVE CEDAR TWIN CITY LLC

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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.

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

4820 LEONARD STREET

CAPE CORAL, FL 33904

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4. Document number

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

800 WEST MONROE STREET

JACKSONVILLE FL 32202

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

S22 NALA, Suite 100

Ponte Vedra Beach FL 32082

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.

Signature of a member or authorized representative of a member

Christopher Walker

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.

By: Christopher Walker
Signature of Registered Agent

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

FL005-02-11-2030 Notice & Cover Order