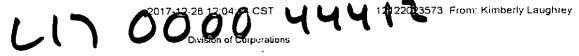
12/28/2017



## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170003398243)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)208-0845 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\* Email Address:\_ LLC REGISTERED AGENT CHANGE CENTERSTONE PROPERTY LLC Certificate of Status 1 Certified Copy 03 Page Count \$55,00 Estimated Charge

Electronic Filing Menu Corporate Filing Menu

Help

## **COVER LETTER**

	istration Section ision of Corporations	
SUBJECT:	CENTERSTONE PROPERTY LLC	
SUBJECT	Name o	f Limited Liability Company
Dear Sir or I	Madam:	
The enclosed	d Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return	n all correspondence concerning this n	natter to the following:
СТ Согр		
	Name of Person	
	Firm/Company	<u> </u>
	Address	·
	City/State and Zip Code	······································
E-mai	address: (to be used for future annual	
For further	information concerning this matter, ple	ease call:
		at ()  Area Code & Daytime Telephone Number
	Name of Person	Area Code & Dayottie Telephone Number
	REET/COURIER ADDRESS:	MAILING ADDRESS:
	gistration Section	Registration Section Division of Corporations
	rision of Corporations Non Building	P.O. Box 6327
266	11 Executive Center Circle Iahassee, Florida 32301	Tallahassee, Florida 32314
Enc	closed is a check for the following ar	nount:
<b>0</b> :	\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/1	4)	

2,

## 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.

. (41)	Principal office address of limited liability company:	(b) _	Mailing address of limited liability company:
()	Principal office address of limited liability company: (Note: MUST HE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	391 6TH AVE WEST	3	91 6TH AVE WEST
	BRADENTON, FL 34205		BRADENTON, FL 34205
	02/28/2017	1,	17000044412
	Date of filing/registration in Florida	4.	Document number
. (a)	KNOWLES, TIMOTHY A, ESQ. PORGES, HAMLIN	, KNOWLES	& HAWK
. (4)	Registered Agent and Registered Office shown on the records of	of the Florida D	ept, of State:
			<u> </u>
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	7 5
	1205 MANATEE AVENUE WEST	<u>.</u>	
	BRADENTON , F	34205	
			(*** )72s
(b)	Enter name of NEW Registered Agent and/or NEW Register		: <del></del>
(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Office addre	<u></u>
	C.T.C.		- <del> </del>
	C T Corporation System		
	NEW Registered Office Address:		
	100000 - 1 00 - 1 1 - 1 0 1		
	1200 South Pine Island Road		<del></del>
	Plantation , ,	7L_33324	
he cha gent vas/w he ari	Plantation	aws of the St of the registe liability com s of the limite ne limited lia	ate of Florida, it is hereby confirmed that after red office and the business office of the register pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
he cha gent vas/w he art Signa	Plantation	aws of the St of the registe liability com s of the limite ne limited lia Sierra	ate of Florida, it is hereby confirmed that after red office and the business office of the register pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company.  Burris-Authorized Person  Printed or typed name of signee

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