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Division of Corporations

## Florida Department of State Division of Corporation

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## LLC REGISTERED AGENT CHANGE 10 SARASOTA CENTER BLVD, LLC

Certificate of Status	0
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From: Corporate Paralega

## H22000144775 3

## 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.

Na	ame of the limited liability company: 10 SARASOT	A CENTE	R BI.VD.	LLC		
(a)	10 SARASOTA CENTER BLVD.		(b) 10 SARASOTA CENTER BLVD.			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		· · / <u> </u>	Mailing address of limited liab (Note: MAY BE POST OF		
	SARASOTA FL 34240-9770		SARA	SOTA, FL 34240-9770		_
	MAY 23, 2017	····		114044		
	Date of filing/registration in Florida	4.		Document number		
(a)	ALAN M. ELWELL					
	Registered Agent and Registered Office shown on the records of 10 SARASOTA CENTER BLVD.		· · · · · · · · · · · · · · · · · · ·	State:		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES	<u>so</u>			
	SARASOTA , I	FL_34240-	9770	<u></u>	202	
(b)	CROSS STREET CORPORATE SERVICES, LLC				2022 APR	
	Enter name of NEW Registered Agent and/or NEW Register	ed Office a	ddress:	<del></del> 	70 2	-
	200 SOUTH ORANGE AVENUE				<u> </u>	C C
	NEW Registered Office Address:			<u> </u>	PH 3:	
		<u> </u>			-:: -:::	
	SARASOTA , F	134236		<u>.</u>		
inge int w s/wei	mited liability company is not organized under the la or changes are made, the Florida street address of th ill be identical. Or, in the case of a Florida limited la re authorized by an affirmative vote of the members layof organization or the operating agreement of the	e register liability o of the lin	ed office ompany, nited liab	and the business office of the it is hereby confirmed that the illustration of as otherwise.	e registered e change(s)	
[4		AL	AN M. EL	WELL, As its Authorized Repr	cscnlative	
ereb	are of a member of althorized sepresentative of a member  y accept the appointment as registered agent and ag	eree to oc	t in this c	Printed or typed name of signs	nemmin mish sh.	
obli	ins of all statules relative to the proper and complete gations of my position as registered agent as provid by reflect a change in the registered office address, I in writing of this change.	e perform ed for in hereby c	ance of n Chapter ( onfirm th	apacity. The life state in a new town in a new duties, and I am Jamiliar with 505, F.S. Or, if this documen at the limited liability compa	rith and accept is being filed by has been	e ot d
0.01010	e of Registered Agent Michael J. Wilson, As its Vice President	ı				

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

INHS18 (2/14)