

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.

(((H20000231920 3)))



H200002319203ABCT

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 : (614)280-3338 Phone

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:_

ö

LO

LLC REGISTERED AGENT CHANGE 22 BAY ESPLANADE LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

PLEASE KEEP THE ORIGINAL FILE DATE

7/17/2020

Electronic Filing Menu

Corporate Filing Menu

Help

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. Na	me of the limited liability company: 22 BAY ESPLAN	EADE LLC	
2. (a)	c/o The DeNunzio Group, LLC	(b)(b The Denunzio Group, LLC	
z. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3060 Alternate 19 North	3060 Alter	nate 19 North
	Palm Harbor, FL 34683	Palm Harb	or, FL 34683
	06/22/2017	L17000134	307
3.	Date of filing/registration in Florida	4.	Document number
5 (n)	THE LAW OFFICE OF GIONIS AND LILLY, PLLC		920
5. (a)	Registered Agent and Registered Office shown on the records of 1299 MAIN STREET STE C	the Florida Dept. of Stat	
	Registered Office Address (MUST RE FLORIDA STREET ADDRESS)		7 PH 3:
	DUNEDIN, FL	34698	- 🤟 💆 🕳
(b)	C T Corporation System		_
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	_
	NEW Registered Office Address:		
	1200 South Pine Island Road		-
	Plantation, FL	33324	_
the cha agent was/withe art Signa I here provise the ob- to mer	imited 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 liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the appearance of a member of authorized representative of a member of authorized representative of a member of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. If the office of this change. C T Corporation System	the registered offic ability company, it is of the limited liability limited liability con Natalie Pickens	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany. Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been