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COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations		
SUBJECT: 345 Gayshore Bl. Name of Limited	Vo , L L C Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change a	nd fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the	he following:	
Patricia E. Oleary Name of Person		
345 Bayshore Blud, Le	<u>LC</u>	
3710 Como St.	·•	
Port Charlotte, FL, 33 City/State and Zip Code	948	
E-mail address: (to be used for future annual report no	d. com otification)	
For further information concerning this matter, please call:		
Patricia E. Oleary an 94	11 , 276-6587	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Area Code & Daytime Telephone Number Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount:		
■ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

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	ame of the limited liability company: 345 Bayshore Blvd, LLC
2. (a)	2710 Com al Ada de lada 2710 como st
2. (a)	Principal office address of limited liability company:
	(Note: MUST BE STREET ADDRESS) 33948 (Note: MAY BE POST OFFICE BOX)
	Port Charlotte, FL 33948
•	
•	July 19, 2017 L17000154849
3.	Date of filing/registration in Florida 4. Document number
5. (a)	A. Jill C. McCrory MCCRORY LAW FIRM, PL
` '	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	309 Tamiami Trail
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Punta Gorda
	Sign 20 1
(b)	Patricia E. O'Leary
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	3710 (amo st.
	3710 Como St. NEW Registered Office Address:
	Port Charlotte
	TOTA CHAPTOTIC
	- 23aUR
	, FL, FL
If the	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the
agent	e or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/w	vere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in ticles of organization or the operating agreement of the limited liability company.
tile ar	Patricia f. O'Leary Patricia E-OLeary
Sign	ature of a member or authorized representative of a member Printed or typed name of signee
I here	ature of a member or authorized representative of a member Printed or typed name of signee Printe
the ob	ligations of my position as registered agent as project performance of my dathes, that the limited lightlift commany has been
notifie	a in writing of this change.
<u> </u>	PATRICIA E - OLEANY
Signat	ure of Registered Agent