## 117000221763

(Requestor's Name)						
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 348139 7775081							
AUTHORIZATION: Spelle Renan							
COST LIMIT : \$25/00							
ORDER DATE : December 23, 2021							
ORDER TIME : 10:51 AM							
ORDER NO. : 348139-005							
CUSTOMER NO: 7775081							
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							
CHANGE OF AGENT							
NAME: SARASOTA FLORIDIAN, LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY XX PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis Weiland EXT#							
EXAMINER:							

## 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: SARASOTA FLC	RIDIAN	۱, ا	LLC		
2.	(a)	727 S ORANGE AVE	(b	<b>5)</b>	727 S OR	ANGE AVE	
	()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(°	· , .	7	tailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
		SARASOTA, FL 34236	<del>-</del>	;	SARASOT	A, FL 34236	
		10/25/2017	_	L	.17000221	763	
3.		Date of filing/registration in Florida	4.		Ī	Document number	
5.	(a)	GREENE, ROBERT F, ESQ					
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State 601 12TH ST W  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		BRADENTON , FL	34205				
		Corporation Service Company					
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			ess:	20:	
		1201 Hays Street			<del></del> -	UITC 27	
		NEW Registered Office Address:				(C) The state of t	
		Tallahassee, FL	32301			AM 9: 42 CE STATE SEE, FL	
cha age was	inge int w s/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the radiil be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liab	egistere pility con the lim	ed m lite	office and pany, it is ed liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
/s/ Mary Ellen Pisanelli				Mary Ellen Pisanelli, Authorized Person			
Signature of a member or authorized representative of a member						Printed or typed name of signee	
pro the to i	visio obli nere	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	e to act erforma for in C ereby co	in and The onf	this capac ce of my di apter 605, irm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been	
Sig	<u>_</u> natur	e of Registered Agent					
_		Kirby, Asst. Vice President, on behalf of Corporation Service Com		7	Tallaka	El 21214	

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