| 9/19/2\$eo. 19. 20 | Division of Corporations No. 1305 F. 1/3<br>Floridal Department of State<br>Division of Corporations<br>Electronic filing Coret Sheet                          |
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|                    | 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.          |
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|                    | To:<br>Division of Corporations<br>Fax Number : (850)617-6383<br>From:<br>Account Name : PAVESE LAW FIRM                                                       |
| <sup>36</sup>      | Account Number : I20130000057<br>Phone : (239)334-2195<br>Fax Number : (239)332-2243<br>State the email address for this business entity to be used for future |
|                    | Email Address: Corp OSpasson homes com                                                                                                                         |
|                    | LLC REGISTERED AGENT CHANGE     Fildi Designs LLC                                                                                                              |
|                    | Certificate of Status 0<br>Certified Copy 0                                                                                                                    |
|                    | Page Count 03   Estimated Charge \$25.00                                                                                                                       |
|                    | K. SALY                                                                                                                                                        |
|                    | SEP 2 0 2024                                                                                                                                                   |
| E                  | Electronic Filing Menu Corporate Filing Menu Help                                                                                                              |

## COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Fildi Designs LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles B. Capps, Esq.

Name of Person

Pavese Law Firm

Firm/Company

1833 Hendry Street

Address

Fort Myers, FL 33901

City/State and Zip Code

corp@sposenhomes.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

| Name of Person           | Area Code & Daytime Telephone Number |
|--------------------------|--------------------------------------|
| Mailing Address:         | Street Address:                      |
| Registration Section     | Registration Section                 |
| Division of Corporations | Division of Corporations             |
| P.O. Box 6327            | The Centre of Tallahassee            |
| Tallahassee, FL 32314    | 2415 N. Monroe Street, Suite 810     |
|                          | Tallahassee, FL 32303                |

\$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.

| (a) <u>1900 Wade Drive</u> |                                                                                                                                                                                                                                                                                                        |                                     | (b) <u>1900 Wade Drive</u>                                     |                                                                                                                                                                                       |
|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>···</b>                 | Principal office address of limited liability company:<br>(Note: MUST BE STREET ADDRESS)                                                                                                                                                                                                               |                                     | (0)                                                            | Mailing address of limited liability company:<br>(Note: MAY BE POST OFFICE BOX)                                                                                                       |
|                            | Cape Coral, FL 33991                                                                                                                                                                                                                                                                                   |                                     | Cape Co                                                        | oral, FL 33991                                                                                                                                                                        |
|                            | 12/21/2017                                                                                                                                                                                                                                                                                             | _                                   | <br>L1700026                                                   | 50346                                                                                                                                                                                 |
|                            | Date of filing/registration in Florida                                                                                                                                                                                                                                                                 | -<br>4.                             |                                                                | Document number                                                                                                                                                                       |
| (a)                        | GERAGHTY, DOUGHERTY & STOCKMAN, P.A.                                                                                                                                                                                                                                                                   |                                     |                                                                |                                                                                                                                                                                       |
|                            | Registered Office Address ( <u>MUST BE FLORIDA STREET A</u><br>1531 HENDRY ST                                                                                                                                                                                                                          |                                     | <u></u>                                                        |                                                                                                                                                                                       |
|                            | FORT MYERS , FL                                                                                                                                                                                                                                                                                        | 3390                                |                                                                | TALLAN .                                                                                                                                                                              |
| b)                         | PLF REGISTERED AGENT, L.L.C.                                                                                                                                                                                                                                                                           |                                     |                                                                |                                                                                                                                                                                       |
|                            | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>                                                                                                                                                                                                                                 | Office                              | address:                                                       | 1. 2: 24                                                                                                                                                                              |
|                            | NEW Registered Office Address:                                                                                                                                                                                                                                                                         |                                     |                                                                | - 24                                                                                                                                                                                  |
|                            | 1833 HENDRY STREET                                                                                                                                                                                                                                                                                     |                                     |                                                                | _                                                                                                                                                                                     |
|                            | FORT MYERS, FL                                                                                                                                                                                                                                                                                         | 33901                               |                                                                | _                                                                                                                                                                                     |
| nge<br>nt w<br>:/wei       | mited liability company is not organized under the law<br>or changes are made, the Florida street address of the r<br>ill be identical. Or in the case of a Florida limited liab<br>re authorized by an affirmative vote of the members of<br>eles of organization or the operating agreement of the l | regist<br>bility<br>f the l         | ered office a<br>company, it<br>imited liabil                  | nd the business office of the registered<br>is hereby confirmed that the change(s)<br>ity company or as otherwise provided in<br>mpany.                                               |
|                            | re of a member or authorized representative of a member                                                                                                                                                                                                                                                |                                     |                                                                | Printed or typed name of signee                                                                                                                                                       |
| ereb<br>visič<br>obliz     | y accept the appointment/as registered agent and agre<br>ns of all statutes relative to the proper and complete p<br>gations of my position as registered agent as provided<br>by reflect a change in the registered office address, I hu<br>in writing of the complete.                               | e to c<br>perfor<br>for iv<br>ereby | nct in this cap<br>mance of my<br>1 Chapter 60<br>confirm that | pacity. I further agree to comply with the<br>v duties, and I am familiar with and accept<br>35, F.S. Or, if this document is being filed<br>t the limited liability company has been |

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