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		Fax Number : (850)617-6383					
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		Account Name : PAVESE LAW FIR/ Account Number : 120130000057	4				
		Phone : (239)334-2195		- 12			
OHARD		Fax Number : (239)332-2243					
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: _____

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:

Charles B. Capps, Esq. 239 334-2195 at (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 Enclosed is a check for the following amount:

🖀 \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

ENHS18 (2/14)

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:				
2. (a)	1900 Wade Drive		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Cape Coral, FL 33991		Cape Co	oral, FL 33991	
				· · · · · · · · · · · · · · · · · · ·	
	1/3/2018		L1800000	92550	
3.	Date of filing/registration in Florida	- 4.		Document number	
5. (a) (b)	GERAGHTY, DOUGHERTY & STOCKMAN, P.A.				
	Registered Agent and Registered Office shown on the records of :	inie:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	1531 HENDRY ST			TIEL SEP	
	FORT MYERS	33901			
	PLF REGISTERED AGENT, L.L.C.			FILEEV MASEP 19 - A 2: 25 MILLANS A CHANNE	
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	iress:		
				25 25	
	NEW Registered Office Address:				
	1833 HENDRY STREET				
		-		—	
	FORT MYERS FI	33901			
10.1.1				—	
change	imited liability company is not organized under the law or changes are made, the Florida street address of the p	registere	d office a	and the business office of the registered	
agent v was/we	vill be identical. Or, in the case of a Florida limited lial are authorized by an arkirmative vote of the members of	bility co f the lim	mpany, it ited liabil	is hereby confirmed that the change(s) ity company or as otherwise provided in	
the arti	cles of organization of the operating agreement of the]	imited l	ability co	ompany.	
Simo	ture of a memory or authorized representative of a member	C	arles B. C	Printed or typed name of signee	
-		e to act	in this ca		
provisi the obl to mere notified	by accept the appointment as registered agent and agree ons of all Hervies relative to the proper and complete p igations of nu position as registered agent as provided by reflect actioning in the registered office address, I h I in writing of inisichange.	performa for in C ereby co	hapter of hapter of nfirm tha	v duties, and I am familiar with and accept 55, F.S. Or, if this document is being filed it the limited liability company has been	
Signatu	re of Registered Agent				
-		- (777	- Tell-L	orgon EL 20214	
	Division of Corporations• P.O. B FILING FI			ussee, f 1. 54514	