Division of Corporations Electronic Filing Cover Sheet

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(((H21000323320 3)))



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LLC REGISTERED AGENT CHANGE FOREDEAN NORTHWEST, LLC

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A. LUNT

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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.

Ι.	Na	me of the limited liability company:FOREDBAN NOR	THWE	ST, LLC				
2.	(a)		_ (b)				
	. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		М	lailing address of limited liabili (Note: MAY BE POST OFF)			
		875 SE 47TH TBRRACE		PO BOX 10	01110			
		CAPE CORAL, FL 33904	_	CAPE COR	AL, PL 33910			
		01/09/2018		1.18000007570				
3.		Date of filing/registration in Florida	4.		Document number	- 2	STAIR	
		BURANDT, ADAMSKI PEICIITHALBR & SANCHEZ P	LLC			2021 AUG 30	25.0	
5.	(a)	Registered Agent and Registered Office shown on the records of the Plorida Dept. of St.			:	S	2.F	
		BURANDT, ADAMSKI FEICHTHALER & SANCHEZ P				30	FRY	
		Registered Office Address (MUST BE VI.ORIDA STREET A	DDRES	<u>(S)</u>			- 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
		1714 CAPE CORAL PARKWAY E				AM 10: 1	76 A	
		CAPE CORAL , FL	33904		•	- 17	TARY OF STATE	
(L)	(b)	HF REGISTERED AGENTS, LLC						
(D		Enter name of NEW Registered Agent and/or NEW Registered	OMec •	ddress:				
		HF REGISTERED AGENTS, LLC						
		NEW Registered Office Address:						
		1715 MONROE STREET		<u></u>	.			
		FORT MYERS , FL	33901					
ci a; w tì	nang gent as/w ic art / Sign	limited liability company is not organized under the law to or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia tere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the authorized representative of a member or authorized representative of a membe	rs of the register bility of the limited M. M. ee to a perform I for Intereby	red office unicompany, it is mited liability com ICHAEL G. SI continued in this cape mance of my confirm that is confirm that it	a the business office of the hereby confirmed that the yeompany or as otherwise apany. EXTON Printed or typed name of signacity. I further agree to enduties, and I am famillar with the limited liability companies.	e change(s) c provided i	n	
1	Signat	By: Erin E. Houck-Toll, Vice Prure of Registered Agent	esident	, Hr Kegisterec	a Agents, LIA			

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

INHS18 (2/14)

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