## 2/8000037868

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2018 APR -2 AM 9: 03
SECRETARY OF STATE
ALLAHASSEF ESTATE



March 23, 2018

To Whom It May Concern:

Please file the enclosed Document and return a date stamped copy to my attention. I have enclosed a self address envelope for your convenience.

Should you have any questions, please do not hesitate to contact me. The number I can be reached at is 1-800-235-0337

Sincerely,

Jill Probst Corporate Services Department National Service Information, Inc 145 Baker St Marion, Ohio 43302

## 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: Casto Lide	o Key Inve	stors, LLC				
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del></del> (		ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	5391 Lakewood Ranch Blvd., Suite 100		5391 Lakev	wood Ranch	Blvd, S	uite 1	00
	Sarasota, FL 34240		Sarasota, F	-L 34241			
	2/13/18		L180000378	368			
3.	Date of filing/registration in Florida	4.	Do	cument number	Γ		
5. (a)							
	Registered Agent and Registered Office shown on the record	is of the Florid	a Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	<u></u>				
	601 12th Street West				A	20	
	Bradenton	, <sub>FL</sub> 34205			SEURETARY OF STATE	2018 APR	٠.4.
					SS	₹-2	-
(b)	Enter name of NEW Registered Agent and/or NEW Registr	ered Office ad	dvete:		Ϋ́O		
	Take made of the recent recent and of the restriction	ered Office at	<u>MI (38</u> .		FIC	A	
	NRAI Services, Inc.				)RIE	9: 03	
	NEW Registered Office Address:				) 	ಏ	
	1200 S. Pine Island Rd.						
	Plantation	. <sub>FL</sub> 33324					
the cha agent v was/we the arti	imited liability company is not organized under the inge or changes are made, the Florida street addres vill be identical. Or, in the case of a Florida limite are authorized by an affirmative vote of the member cless of organization or the operating agreement of a member or authorized representative of a member	e laws of the regical liability of the limited	State of Florida stered office an ompany, it is he nited liability co liability compar	or typed name	office of that the therwise Green c of signee	the reg change provide	istered (s) d in
I herel provisi the obl to mere notified	by accept the appointment as registered agent and ons of all statutes relative to the proper and compigations of my position as registered agent as provity reflect a change in the registered office address in writing of this change.		t in this capacit lance of my duti Chapter 605, F., onfirm that the	y. I further agr es, and I am fa S. Or, if this d limited liability	ree to con miliar wi ocument ocompan	nply wi ith and is bein y has b	th the accept g filed een
Signatur	fo of Registered Agent  ASS 1. Selve 4.	any					