## 118000136114

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
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Office Use Only



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SECRETARY OF STATE

1.05/19

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

Athena NSites, LLC

SUBJECT:

Name of Limited Liability Company

2019 FEB 27 PM 4: 43

APPROVEU AND FILED

| The enclosed Registered Agent/Registered Off    | ice Change ai  | nd fee(s) are submitted for fi | ling.                             |               |  |
|---|--|--------------------------------|-----------------------------------|---------------|--|
| Please return all correspondence concerning th  | is matter to th  | ne following:                  |                                   |               |  |
| Elizabeth M. Blank                              |  |                                |                                   |               |  |
| Name of Person                                  |  | <del></del>                    |                                   |               |  |
| Athena NSites, LLC                              |  |                                |                                   |               |  |
| Firm/Company                                    | <del></del>  | <del></del>                    |                                   |               |  |
| 4600 SW 9th Ave, Apt A                          |  |                                |                                   |               |  |
| Address   |  |                                |                                   |               |  |
| Cape Coral, FL 33914                            |  |                                |                                   |               |  |
| City/State and Zip Code                         |  |                                |                                   |               |  |
| beth@athenansites.com                           |  |                                |                                   |               |  |
| E-mail address: (to be used for future ann      | nual report no   | tification)                    |                                   |               |  |
| For further information concerning this matter. | , please call:   |                                |                                   |               |  |
| Elizabeth M. Blank                              | 770<br>at (  | 696-7578                       | <b>2019 FI</b><br>SECH<br>1.A.L.L | _             |  |
| Name of Person                                  | (  | Area Code & Daytime            |                                   | אר<br>די ~ די |  |
| STREET/COURIER ADDRESS:                         | ;  | MAILING ADDRESS:               |                                   | 一届全           |  |
| Registration Section                            |  |                                |                                   |               |  |
| Division of Corporations                        | Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |                                |                                   |               |  |
| Clifton Building                                | P.O. Box 6327  |                                |                                   |               |  |
| 2661 Executive Center Circle                    | Tallahassee, Florida 32314   |                                |                                   |               |  |
| Tallahassee. Florida 32301                      |  |                                |                                   |               |  |
| Enclosed is a check for the following           | amount:  |                                |                                   |               |  |
| ☑ \$25 Filing Fee                               |  | \$55 Filing Fee & Certified    | Сору                              |               |  |
| INHS18 (2/14)                                   |  |                                |                                   |               |  |

Dear Sir or Madam:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOI LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability compan submits the following statement in order to change its registered office or registered agent, or both, in the State & Florida.

| 1. Na  | ame of the limited liability company: Athena NSite   | es, LLC  |  |  |
|--|--|--|--|--|
| 2. (a)   | 42 NE 13th Ave   | (b) 42 NE 13th Ave   |  |  |
| 2. (u)   | 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 33909   | Cape C   | Coral, FL 33909  |  |
| 3.   | May 31, 2018  Date of filing/registration in Florida   | L180001  | 136114  Document number  |  |
| 5. (a)   | Nicole R Adkins  |  |  |  |
| J. (a)   | Registered Agent and Registered Office shown on the records of 42 NE 13th Ave  Registered Office Address (MUST BE FLORIDA STREET)  | ·  | . <b>.</b> .   |  |
|  | Cape Coral , FI  | 33909  | APPRO<br>APPRO<br>2019 FEB 27<br>SECRETAR<br>SMILMIASS   |  |
| (b)  | Elizabeth M. Blank   |  |  |  |
|  | Enter name of NEW Registered Agent and/or NEW Registered  4600 SW 9th Ave, Apt A  NEW Registered Office Address:   | l Office address:  | PH 4: 43 FEL PLOPES  |  |
|  | Cape Coral . FI  | 33914  | _  |  |
| the cha<br>agent was/w<br>was/w<br>the art<br>Signa<br>I here<br>proviss<br>the obt<br>to mer<br>notifie | imited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liferer authorized by an affirmative vote of the members of icles of organization or the operating agreement of the attree of a member or authorized representative of a member by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided elv reflect a change in the registered office address, I d in writing of this change. | f the registered officiability company, it of the limited liability company.  **Record Company**  **Record | ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.  kins  Printed or typed name of signee |  |