Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE PHOENIX NIGHTLIFE LLC

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MAY 17 2019

M. SOLOMON

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Corporate Filing Menu

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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

1.	Na	me of the limited liability company: PHOENIX NIC	3HTL	IFE LLC		_
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 100 SOUTH ASHLEY DR SUITE 600	((ъ)	Mailing address of limited liability company: (Note: MAX BE POST OFFICE BOX)	
		TAMPA, FL 33602	_			_
		06/01/2018		L18000	136870	
 3. 5. ((e)	Date of filing/registration in Florida LEGALINC CORPORATE SERVICES INC.	4.		Document number	_
(b)	(/	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 5237 SUMMERLIN COMMONS BLVD STE 400 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			te:	
		FORT MYERS ,FL	3390	7	EN AND SERVICE	
	b)				ANIII Cress	ľ
		Enter name of NEW Registered Agent and/or NEW Registered Office address: 155 OFFICE PLAZA DRIVE, 1ST FLOOR NEW Registered Office Address:			10:33 10:39 10:39	•
		TALLAHASSEE .FL	3230		_	
the cagen was/	ha it w we	mited liability company is not organized under the law nge or changes are made, the Florida street address of tail of identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the reg bility of the li	istered offi company, it mited liabil	ce and the business office of the registere is hereby confirmed that the change(s) ity company or as otherwise provided in	:d
/	<u> </u>	100	JE	SSICA SCI	HOLL, AUTHORIZED REPRESENTATIVI	Ξ
I he provide the or motif	reb isio bli ere îed	by accept the appointment as registered agent and agree on so of all statutes relative to the proper and complete property and provided by reflect a change in the registered office address, I have the proper and complete property and the propert	re to ac erform for in ereby	cs in this ca nance of m Chapter of confirm tha	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and accepts, F.S. Or, if this document is being filed the limited liability company has been	2 21 21

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

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