## 4900005995

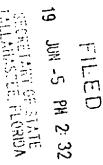
(Requestor's Name)					
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. (Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 9, 2019

CARL LINDELL JR 4320 W KENNEDY BLVD TAMPA, FL 33609

SUBJECT: LINDELL BAYFRONT ST. PETE LLC

Ref. Number: L19000005995

We have received your document for LINDELL BAYFRONT ST. PETE LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

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Letter Number: 719A00009419

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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

l. Na	me of the limited liability company:	Lindell Bayfront St. Pete LLC				
2. (a)	4320 W Kennedy Blvd Tampa,		(b)	4320 W Kennedy Blvd Tampa, FL 3360		
(a)	Principal office address of limited li (Note: MUST BE STREET)		(*/-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
-	Date of filing/registration i	n Florida	4.		Document number	
. (a)	Carl Lindell Jr.					
. (4)	Registered Agent and Registered Office sho			ept. of State	:	
	4320 W Kennedy Blvd Ste 10	00 Tampa , FL	33609			
	Registered Office Address (MUST BE )	FLORIDA STREET .	(DDRESS)		<b>6</b>	
		. FL			JUN .	
(b)					TILED TS PM	
	Lindell Investments, Inc		<u>-</u>			
	Enter name of NEW Registered Agent and	Vor NEW Registered	Office addre	<u>:55</u> 5	NIE AUDA	
	4320 W Kennedy Blvd Ste 10	00 Tampa, FL 3	3609		32 32	
	NEW Registered Office Address:		·-·			
		FL				
		, · · _			•	
he cha igent v vas/wi	ange or changes are made, the Florid will be identical. Or, in the case of a	a street address of Florida limited li of the members o	the registe ability com of the limite limited lia	ered office apany, it i ed liabilit		
Signa	ignature of a member or authorized representative of a member			Printed or typed name of signee		
provisi he obi o mer	by accept the appointment as registerions of all statutes relative to the pro- ligations of my position as registered ely reflect a change in the registered d'in writing of this change.	ered agent and agi oper and complete I agent as provide I office address, I	ree to act in performand for in Ch hereby con	n this cap ace of my apter 60: firm that	acity. I further agree to comply with the duties, and I am familiar with and acce i, F.S. Or, if this document is being file the limited liability company has been	
	ore of Registered Agent					