## 119000057099

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL					
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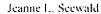


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Direct Phone: 239,254,2905 Direct Fax: 239,254,2942 Email: jseewald@hahnlaw.com

November 29, 2021

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Project C2, LLC

Document No. L19000057099

Dear Sir/Madam:

Enclosed for filing with respect to the above-referenced company is a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company and our check in the amount of \$25.00 for the filing fee.

Please return all correspondence regarding this matter to the following:

Jeanne L. Seewald, Esq. Hahn Loeser & Parks, LLP 5811 Pelican Bay Boulevard, Suite 650 Naples, FL 34108

If you have any questions or require additional information, please call me at the number above.

Cordially yours,

HAHA LOESER & PARKS LLP

Jéanne L. Seewald

JLS/caf Enclosures

## 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: Project C2, LLC			
		(	(b)	
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		. ,	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	14557 Maxwell Court		14557 Ma	xwell Court
	Naples, FL 34109	_	Naples, FI	_ 34109
	02/27/2019		L190000570	099
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
). (a)	Registered Agent and Registered Office shown on the records of United States Corporation Agents, Inc.	the Florid	da Dept. of Stat	ie:
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES		_
	5575 S. Semoran Blvd., Suite 36	<u> </u>		
	Orlando , FL	32822		2021 11:50
(b)				<del>-</del>
		_		- ''
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office :	ddress:	
	HL Statutory Agent, Inc.			
	NEW Registered Office Address:			- - 53
	5811 Pelican Bay Blvd Ste 650			_
	Naples , FL	34108		
change agent v was/we the arti	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of itself of organization or the operating agreement of the	registe bility of f the lin limited	red office an company, it is mited liabilit liability con	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.
Side a	ture of a member or authorized representative of a member	Ge	rald P. Buccir	Printed or typed name of signee
I here provisi the obl to mero potified	by accept the appointment as registered agent and agri ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have	ee to ac perforn I for in nereby c	et in this cape nance of my Chapter 605 confirm that	acity. I further agree to comply with the
Signatu	re of Registered Agenf			