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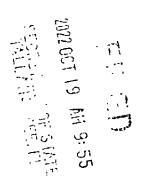
(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO.	: I2000000195			
REFERENCE	: 996901 8388342			
AUTHORIZATION	· Min			
COST LIMIT	Louis de man			
ORDER DATE : October 7, 2022				
ORDER TIME : 9:57 AM				
ORDER NO. : 996901-016				
CUSTOMER NO: 8388342				
CHANGE OF AGENT				
NAME: 50 NAPLES LLC				
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:			
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Eyliena Baker	\$\\T#			
CONTINCT LUMBON, BYLLENA DAKEL	DV 1 #			

EXAMINER:

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.

Name	e of the limited liability company:50 NAPLES LLC			
	33 9th Street N, Suite 301		340 91	th Street N, PMB 267
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(,, <u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
_ N	Naples, FL 34102	_	Naples,	s, FL 34102
00	3/18/2019		L190000	075924
_	Date of filing/registration in Florida	4.		Document number
(a) L	egalinc Corporate Services Inc.			
(a) Re	egistered Agent and Registered Office shown on the records of the	ne Florida	Dept. of St	State:
4	76 Riverside Avenue			
R	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			- 2
				D221
_ .I	acksonville	32202		2022 OCT
_	acksonville, FL_	 .	···	-
L١				1 17
(b) <u> </u>	ater name of NEW Registered Agent and/or NEW Registered (Office ad	dress:	
^	Name and Company			₹ 5
	Corporation Service Company			
	EW Registered Office Address:			
1 _	201 Hays Street			
т	allahassee , FL	32301		
nge or nt will /were	ited liability company is not organized under the laws changes are made, the Florida street address of the relation be identical. Or, in the case of a Florida limited liab authorized by an affirmative vote of the members of so forganization or the operating agreement of the li	egistere oility co the lim imited li	d office a mpany, it ited liabil iability co	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided is ompany.
/ Jill C	Cilmi	Jill C	Cilmi, Auth	thorized Person
gnature	of a member or authorized representative of a member			Printed or typed name of signce
visions obliga rerelv	accept the appointment as registered agent and agres s of all statutes relative to the proper and complete p utions of my position as registered agent as provided reflect a change in the registered office address, I he writing of this change.	erjorma for in C creby co	hapter 60 hapter 60 nfirm tha	of the limited liability company has being fil at the limited liability company has been
neu in	writing of this change?	rporatio	on Servic	ce Company
ature o	f Registered Agent	11 M. C	asper, As	Asst. Vice President