L190000075924

	(Requestor's Name)					
	(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:					

Office Use Only



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DEC - 2 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000195
	REFERENCE	:	120479 8388342
	AUTHORIZATION	:	Spullenan
	COST LIMIT	:	\$ 25.00
ORDER DATE :	November 8, 2022		
ORDER TIME :	2:09 PM		
ORDER NO. :	120479-003		
CUSTOMER NO:	8388342		
			
	CHANGE OF A	<u>GENT</u>	
NAME	50 NAPLES LLC		
PLEASE RETURN	THE FOLLOWING AS	PRC	OOF OF FILING:
	FIED COPY STAMPED COPY		
CONTACT PERSON	N: Alexxis Weilar	nd -	- EXT#
			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.

1. Na	me of the limited liability company: 50 NAPLES LLC	<u> </u>		BO - BO - BO	
			o)		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	``		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	633 9TH STREET N. SUITE 301		340 9	9TH STREET N PMB 267	
	NAPLES, FL 34102	_	NAPL	LES, FL 34102	
	03/18/2019		L19000	00075924	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
3. (u)	Registered Agent and Registered Office shown on the records of CORPORATION SERVICE COMPANY	the Florid	a Dept. of	of State:	
	Registered Office Address (MUST BE FLORIDA STREET)	202 (; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;			
	1201 HAYS STREET	2022 NOV			
	TALLAHASSEE	32301-2	2525		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	AH 7:07	
				ile 07	
	LEGALINC CORPORATE SERVICES INC.				
	NEW Registered Office Address:				
	5237 SUMMERLIN COMMONS BLVD, SUITE 400				
	FORT MYERS , FL	33907			
change agent w was/we the arpi	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of the operating agreement of the case of organization or the operating agreement of the	registere bility co of the lim limited l	ed office impany, ited liab iability	ce and the business office of the registered, it is hereby confirmed that the change(subility company or as otherwise provided	d 3)
	uje of a member or authorized representative of a member			Printed or typed name of signee	
I hereb provision the oblit to mere notified	ov accept the appointment as registered agent and agree of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I have in the change of this change. Truttlein The of Registered Agent	ee to act performe I for in C vereby co	in this c ance of i hapter onfirm ti	canacity I further agree to comply with	the cept filed m