

L19000097113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

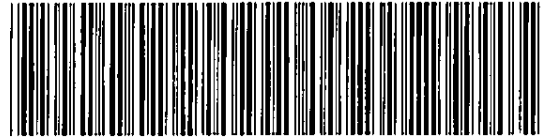
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Maison du Soleil I, LLC  
Name of Corporation

**DOCUMENT NUMBER:** 119000097113

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Patricia Campbell

Name of Contact Person

Maison du Soleil I, LLC

Firm/Company

1129 6th Ln N

Address

Naples, FL 34102

City/State and Zip Code

patticampbell127@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Campbell

Name of Contact Person

at (908) 966-0087  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 7, 2023

PATRICIA CAMPBELL  
MAISON DU SOLEIL 1, LLC  
1129 6TH LN N  
NAPLES, FL 34102

SUBJECT: MAISON DU SOLEIL 1, LLC  
Ref. Number: L19000097113

We have received your document for MAISON DU SOLEIL 1, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Diane Cushing  
Operations Manager A

Letter Number: 223A00027892

3.11.2024 4

**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. Name of the limited liability company: MAISON du SOLEIL 1, LLC  
2. (a) 1129 6th LN N (b) P.O. Box 952

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

NAPLES, FL 34102

NAPLES, FL 34106

04/08/2019

L19000097113

3. Date of filing/registration in Florida

4. Document number

5. (a) RAYMOND J. BOWZE, ESQ., CHARTERED  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

900 6th AVE. S #104

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

NAPLES, FL 34102

(b) PATRICIA CAMPBELL  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1129 6th LN N

**NEW Registered Office Address:**

NAPLES, FL 34102

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

BRUCE E. CAMPBELL  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent