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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Phone Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE 7024 FALCONS GLEN LLC

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M. SOLOMON

## 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

Floride	7024 EA	ALC:C	NS GLEN II	C	
	of the limited liability company: 7024 FALCONS GLEN LLC				
2. (a)	7024 FALCONS GLEN  Principal office address of lunited liability company:  (Note: MUST BE STREET ADDRESS)		(b) 7024 FALCONS GLEN  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	NAPLES, FL 34113		NAPLES, FL 3	4113	
	06/10/2019		L19000153563	· · · · · · · · · · · · · · · · · · ·	
3,	Date of filing/registration in Florida	4.	Document	t number	
5. (a)	C T CORPORATION SYSTEM				
(b) _	Registered Agent and Registered Office shown on the records of	of the Flor	da Dept. of State:		
	1200 SOUTH PINE ISLAND RD.				
	Registered Office Address (MI/ST BE FLORIDA STREET	T ADDRE	<u>555)</u>	%-∞ <b>≈</b>	
		:L3333	<u></u> 24	2819 JUL -2 AM 9: [	
	Northwest Registered Agent LLC Enter name of NEW Registered Agent and/or NEW Registered Office address		ertetrace	TO A	
	901 4th St N		ANN CAY	AH 9:	
	NEW Registered Office Address.			$\sim$ $\sim$	
	STE 300				
	St. Petersburg	L3370	)2		
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited at authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the re liability of the l	gistered office and the bu company, it is hereby co mited liability company	usiness office of the registere onfirmed that the change(s)	
	ture of a member or authorized representative of a member	M	organ Noble		
Signal	ture of a member or authorized representative of a member		Printed or ty	yped 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 mereby reflect a change in the registered office address, I hereby confirm that the limited liability company has been into the limited his change.

The Glover - Assistant Secretary

Signature of Registered Agent