Division of Cosporations Electronic Filing Cover Sheat

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000355752 3)))



H190003557523ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : UNITED CORPORATE SERVICES, INC.

Account Number : I20140000108 Phone : (914)949-9188 Fax Number : (914)949-9618

10 PH :: 3

| | er the email address for this business entity to be annual report mailings. Enter only one email address | See Meas | . 2013 DEC | ure |
|----------|--|-----------------|------------|-----|
| (15) | | <u> </u> | 0 | |
| Man | LLC REGISTERED AGENT CHANGE TRIPLETAIL PROPERTIES, LLC | TLOSED STATE | V № 3 | |

| Certificate of Status | 0 | |
|-----------------------|---------|--|
| Certified Copy | 0 | |
| Page Count | 02 | |
| Estimated Charge | \$25.00 | |

MIERON 1

| COVER LETTER |
|--|
| TO: Registration Section Division of Corporations |
| TRIPLETAIL PRPOERTIES, LLC SUBJECT: |
| Name of Limited Liability Company |
| Dear Sir or Madam: |
| The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| DOLORES BURTON |
| Name of Person |
| UNITED CORPORATE SERVICES, INC. |
| Firm/Company |
| 100 STATE STREET, SUITE 800 |
| Address |
| ALBANY, NY 12207 |
| City/State and Zip Code |
| jcelanl@dhpglaw.com |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Name of Person at (877) 894-9045 EXT 217 Name of Person Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Clifton Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301 |

🔾 \$55 Filing Fee & Certifled Copy

INHS18 (2/14)

2 \$25 Filing Fee

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.

| l. Na | me of the limited liability company: TRIPLETAIL F | PROPERTIES, | LLC | |
|---|---|--|--|------------------------------------|
| 2. (a) | 850 S. Collier Blvd., Unit 1201 | (b) 850 S. Collier Blvd., Unit 1201 | | |
| (=) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liab (Note: MAY BE POST OF | ility company: |
| | Marco Island, FL 34145 | Marco Island, FL 34145 | | |
| | | · - | | |
| | June 24, 2019 | L19000 | 157536 | • • |
| 3. 5. (a) | Date of filing/registration in Florida ELIZABETH PENMAN | 4. | Document number | |
| 5. (a) | Registered Agent and Registered Office shown on the records of the 850 S. Collier Blvd., Unit 1201 | <u> </u> | ato: | |
| | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS) | | |
| | Merco Island , FL | 34145 | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | · | 2019 DEC 1 O SECRETARY TALLAHASSEE | |
| | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | | |
| | ELIZABETH PENMAN | | - 10 7.8% 7.8% | - |
| | NEW Registered Office Address: | | | <u> </u> |
| | 8073 Panther Trail, Unit 1402 | | - ES # | |
| | Naples , FL | 34113 | (2년 원 - | |
| the che agent v was/w | Imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | the registered off billty company, it f the limited liabil limited liability co | dee and the business office t is hereby confirmed that lity company or as otherwi ompany. | of the registered the change(s) |
| | zabeth Penman | ELIZABETI | H PENMAN | |
| I here provis the ob to mer notifie | nure of a member or authorized representative of a member by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I i d in writing of this change. Lizabeth Penman | ee to act in this co performance of m I for in Chapter 6 tereby confirm the | Printed or typed name of sign apacity. I further agree to by dutles, and I am familian 05, F.S. Or, if this docum at the limited liability com | = |
| Signati | ire of Registered Agent | - | | |