119000164236

(Red	questor's Name)	
(Add	lress)	
(Add	iress)	
	(O) (O)	
(City	/State/Zip/Phone	? #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(D	A Ni to N	
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F		
	J	
Lunilt		

Office Use Only



500418519785

11/66/23--01049--003 **835.00

2023 1:07 -6 PM 12: 07

COVER LETTER

TO: Registration Section Division of Corporations		·
EDGEWATER GARDENS, LLC	C	
	Name of Limited	d Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change a	and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the	he following:
Andrew Pierce		
Name of Person		
Cindy's Florida LLC		
Firm/Company		
8051 N. Tamiami Trail STE E6		
Address		
Sarasota, Florida, 34243		
City/State and Zip Cod	le	
reports@wyominglleattorney.com		
E-mail address: (to be used for future	annual report no	otification)
For further information concerning this mat	ter, please call:	
Andrew Pierce	707 at (300-0042
Name of Person		Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the follow	ing amount:	
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	

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.

(b) Sa	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) arasota, Florida, 34243 9000164236 Document number
Sa	(Note: MAY BE POST OFFICE BOX) arasota, Florida, 34243 9000164236
4.	9000164236
4.	
	Document number
of the Florida Dep	
of the Florida Dep	
	pt. of State:
ET ADDRESS)	
	2023 HOV
FL	
	0 (14)
red Office addres	ss: P : 11
	PH 12: 07
· · ·	
34243	
the registered on the liability comparts of the limited he limited liabi	ate of Florida, it is hereby confirmed that after the office and the business office of the registered any, it is hereby confirmed that the change(s) deliability company or as otherwise provided in illity company. Pierce, Manager
	Printed or typed name of signee
igree to act in t ete performance ded for in Chap	this capacity. I further agree to comply with the e of my duties, and I am familiar with and acce pter 605, F.S. Or, if this document is being file rm that the limited liability company has been
т негеру сопун	· · ·
	laws of the Stathe registered of liability comprise of the limited liability and liability comprese to act in the limited liability and liabil