

1/14/2020

Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : WOOD, BUCKEL AND CARMICHAEL, PLLC
Account Number : I20170000051
Phone : (239)552-4100
Fax Number : (239)263-7922

SECRETARY OF STATE
TALLAHASSEE, FL

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REGISTERED AGENT CHANGE
99TH AVE. PROPERTY HOLDINGS II, LLC

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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.

99th Ave. Property Holdings II, LLC

1. Name of the limited liability company: _____

2. (a) 680 96TH AVENUE N, NAPLES, FL 34108

(b) 680 96TH AVENUE N, NAPLES, FL 34108

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

Filed: 12/20/2019 Effective: 01/01/2020

L20000002508

3. Date of filing/registration in Florida

4. Document number

5. (a) DEJ PROPERTY MANAGEMENT, LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

680 96TH AVENUE N

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

NAPLES, FL 34108

(b) WOOD, BUCKEL & CARMICHAEL, PLLC

Enter name of NEW Registered Agent and/or NEW Registered Office address:

2150 GOODLETTE RD. N, SIXTH FLOOR

NEW Registered Office Address:

NAPLES, FL 34102

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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 of a member or authorized representative of a member

AUTHORIZED REPRESENTATIVE Printed or typed name of signer

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 of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00