

L20 0000 18622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

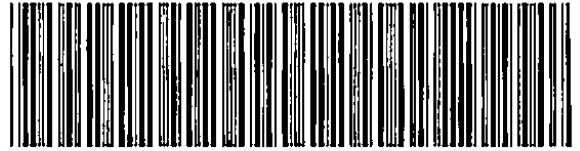
(Business Entity Name)

(Document Number)

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ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bonitian Properties, LLC
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:

Corey Grant
Name of Person

Bonitian Properties, LLC
Firm/Company

8951 Bonita Beach Rd., SE, Suite 525
Address

Bonita Springs, FL 34135
City/State and Zip Code

CoreGrant889@icloud.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Corey Grant at (239) 919-0912
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 following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2020

COREY GRANT
8951 BONITA BEACH RD SE
STE. 525
BONITA SPRINGS, FL 34135

SUBJECT: BONITIAN PROPERTIES, LLC
Ref. Number: L20000018622

We have received your document for BONITIAN PROPERTIES, 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 Profit 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.

Irene Albritton
Regulatory Specialist II

Letter Number: 620A00024342

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
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: Bonitian Properties, LLC

2. (a) 27583 Playa Del Rey Ln

Principal office address of limited liability company:

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

Bonita Springs
FL 34135

(b) 27583 Playa Del Rey Ln

Mailing address of limited liability company:

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

Bonita Springs
FL 34135

3. 01/10/2020
Date of filing/registration in Florida

4. L20000018622
Document number

5. (a) Corey R. Grant
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

27583 Playa Del Rey Ln
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Bonita Springs
FL 34135, FL _____

(b) Corey R. Grant
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

8951 Bonita Beach Rd SE, STE 525
NEW Registered Office Address:
Bonita Springs
FL 34135, FL _____

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after 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 the articles of organization or the operating agreement of the limited liability company.

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

Corey Grant
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 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

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