

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.

(((H21000004867 3)))



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

Erom:

Account Name : BAKER & HOSTETLER LLP

Account Number: I19990000077

Phone

: (407)649-4016

Fax Number

: (407)841-0168

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

## LLC REGISTERED AGENT CHANGE CTF PROPERTIES LAKE NONA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	()1
Estimated Charge	\$25.00



1/6/2021 2:59:43 PM



January 6, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CTF PROPERTIES LAKE NONA, LLC 9412 THURLOE PLACE ORLANDO, FL 32877

SUBJECT: CTF PROPERTIES LAKE NONA, LLC

REF: L20000025304

Redains Vision of Vapor Vapor

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THE STATEMENT OF CHANGE OF REGISTERED AGENT FORM PROVIDED IS NOT ON THE CORRECT FORM. THE FORM PROVIDED IS FOR A CORPORATION REGISTERED AGENT FORMAND NOT ON THE CORRECT FORM FOR AN LLC REGISTERED AGENT CHANGE. PLEASE RESEND WITH THE CORRECT LLC STATEMENT OF CHANGE OF REGISTERED AGENT FORM PERTAINING THE STATUE 605.

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.

Catherine M Brumbley Regulatory Specialist II FAX Aud. #: H21000004867 Letter Number: 221A00000221

## 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.

(a)		(l	)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	•	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  9412 Thurloe Place  Orlando, Florida 32877		
	9412 Thurloe Place				
	Orlando, Florida 32877				
	1/28/2020		L20000025304		
١.	Date of filing/registration in Florida	4,		Document number	
5. (a)					
, <u>(a)</u>	Registered Agent and Registered Office shown on the records of David L. Schick, Esq.	of the Florid	a Dept. of Sta	ate:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		<b></b>	20 7	
	200 South Orange Avenue, Suite 2300			AL.	
	Orlando	3280		<del></del>	2021 JAN -5
	Oriando , I	*L		_	-5 -5
(b)					AH F
(0)	Enter name of NEW Registered Agent and/or NEW Register	ed Office no	ldress:	<del></del>	49
	Pamela Snook Fawsett, M.D.				2021 JAN -5 AM 9: 08
	NEW Registered Office Address:		-	<b></b>	
	1900 Howell Branch Road			_	
	Winter Park, I	FL		_ <u>-</u>	
hange Agent was/w	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the he register liability co s of the lin	State of F ed office a ompany, it nited liabili	nd the business office is hereby confirmed thity company or as othe	of the registered nat the change(s)
	amela Snook Fawsett, M.D.	Pan	nela Snook	Fawsett, M.D., President	
	ature of a member or authorized representative of a member			Printed or typed name of	-
provis The ob To mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provic ely reflect a change in the registered office address, d in writing of this change.	gree to ac le perform led for in ( I hereby c	t in this cap ance of my Chapter 60 onfirm tha	pacity. I further agree duties, and I am fami 15, F.S. Or, if this doc t the limited liability c	to comply with the liar with and accept ument is being filed ompany has been
	ramela Snooh Fauvett, M.D.				
	ure of Registered Agent				