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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL
(Bi	siness Entity Nar	ne)
•	•	,
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	<u></u>
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COVER LETTER

TO:	Registration Section Division of Corporations		
C11D 12	440 Capri Isles, LLC		
SUBJI		Name of Limit	ited Liability Company
Dear S	iir or Madam:		
The an	who ad Denistered Apent/Registered	Office Change	ge and fee(s) are submitted for filing.
		_	
Please	return all correspondence concernin	g this matter to	to the following:
Arlene	C. Chase		
	Name of Person		
Arlene	C. Chase, P.A.		
	Firm/Company		
21216	Olean Blvd. / Suite 1		
	Address		
Port Ch	narlotte, Florida 33952		
	City/State and Zip Coo	de	
grace.k	cenan l 000@gmail.com		
—_E	-mail address: (to be used for future	annual report	t notification)
For fur	ther information concerning this ma	tter, please call	ilt:
Arlene	C. Chase	941	
	Name of Person	at (Area Code & Daytime Telephone Numbe
	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	Ç	☐ \$55 Filing Fee & Certified Copy
INHS18	3 (2/14)		

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

	ame of the limited liability company: 440 Capri Isles Court	24 Paintbrush Circle	
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability (Note: MAY BE POST OFFIG	
	Punta Gorda, FL 33950	Santa Fe, NM 87506	
	02/14/2020	1.20000052264	
	Date of filing/registration in Florida	4. Document number	
(a)	Grace L. Keenan, MD		
(4)	Registered Agent and Registered Office shown on the records of	The Florida Dept. of State.	
	440 Capri Isles Court		<u> </u>
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	Punta Gorda , F	L_33950	
(b)	Arlene C. Chase, P.A.		igu
(0)	Enter name of NEW Registered Agent and/or NEW Registeres	d Office address	[화구] 구: (, :
	21216 Olean Blvd,		75
	NEW Registered Office Address		14.1
	Suite I		
	Port Charlotte , FI	L 33952	
nge nt w /we artic	mited liability company is not organized under the later or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited litre authorized by an affirmative vote of the members of the organization or the operating agreement of the	e registered office and the business office of the rability company, it is hereby confirmed that the coff the limited liability company or as otherwise national states.	egistered change(s)
,7	are of a member or authorized representative of a member	Printed or typod name of signee	
crch	y accept the appointment as registered agent and ago has of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address, I i in writing of this change.	ree to act in this capacity. I further agree to com performance of my duties, and I am Jamiliar wit	ply with the h and accep
ovisio e obli	gunons of my position as registered agent as provide hyraflact a chamia in the redictored affice addition. I	a for in Unapier 603, r.S. Or, if this document is	neing

Division of Corporations P.O. Box 6327 Talluhassee, FL 32314 F1LING FEE: \$25.00