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Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.

Account Number : 076077001702 Phone : (407)841-1200

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

Email Address: robert.niewalner@cigcommunities.com

## LLC REGISTERED AGENT CHANGE CIG NAPLES, 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.

(a)		(1	b)	r_==-			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)				
	5091 Cherry Wood Drive		525 Vine Street, Suite 1605				
	Naples, FL 34119		Cincinnati,	, ОН 45202			
	May 26, 2020		L200001363	74			
	Date of filing/registration in Florida	4.		Document nu	mber		
(-)					•		
(a)	Registered Agent and Registered Office shown on the records	of the Florid	a Dept. of State:	<b>~∠</b> :		5023 K 5	
	HF Registered Agents, LLC		·			- <del></del>	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES.	<u>S)</u>			1	
	1715 Monroe Street					Co	<u> </u>
		33001	<del></del>			聖三	C
	Fort Myers	,, 33901					
(b)	Enter name of NEW Registered Agent and/or NEW Register				•	: <b>Ļ</b> 9	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> Dean Mead Services, LLC						
(b)	Enter name of NEW Registered Agent and/or NEW Register						
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> Dean Mead Services, LLC						
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> Dean Mead Services, LLC <u>NEW Registered Office Address</u> ;				•		
the lange	Enter name of NEW Registered Agent and/or NEW Register  Dean Mead Services, LLC  NEW Registered Office Address:  420 S. Orange Avenue, Suite 700	FL 32801 laws of the register liability costs of the limited	e State of Flored office and ompany, it is nited liability compliability compliability.	the business hereby confir company or pany.	office med th	afirmed of the ro	egistered :hange(s)
the lange ent vas/w	Dean Mead Services, LLC  NEW Registered Agent and/or NEW Register  Dean Mead Services, LLC  NEW Registered Office Address:  420 S. Orange Avenue, Suite 700  Orlando  Orlando  imited liability company is not organized under the cor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member.	FL 32801 laws of the register liability costs of the limited	e State of Flored office and ompany, it is nited liability computed liability with the state of	the business hereby confir company or pany.	office med thas othe	afirmed of the ro nat the cerwise p	egistered :hange(s)

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00 (((H230000

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