L20000 184406

(Requestor's Name)					
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(City/5	State/Zip/Phone	e #1			
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PICK-UP	MAIT	MAIL			
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Certified Copies	Certificates	s of Status			
Special Instructions to Fil	ing Officer:				





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2020 SEP 24 AH 10: 42

FILED 2020 SEP 24 AH 10: 42

1. 1.0/2

COVER LETTER

TO: Registration Section Division of Corporations	•					
Bluffs On The Creek, LLC SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	ter to the following:					
Kristen Chittenden						
Name of Person						
Bluffs On The Creek, LLC						
Firm/Company						
400 N. Ashley Drive, Suite 2500						
Address						
Tampa, FL 33602						
City/State and Zip Code						
kristen.chittenden@lykes.com						
E-mail address: (to be used for future annual re	port notification)					
For further information concerning this matter, please	e call:					
Kristen Chittenden at (813 470-5070					
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 amou	nt:					
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

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.

1.	Na	ame of the limited liability company:	ek, LL	C			
2. (a)	400 N. Ashley Drive		(b)	400 N. Ashley Drive		
(_,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)	Mailing addre	ess of limited liability company AY BE POST OFFICE BOX)	<u>':</u>
		Suite 2500			Suite 2500		
		Tampa, FL 33602	_		Tampa, FL 33602		
		7/1/20		L	20000184406		
3.5.	(a)	Date of filing/registration in Florida Kristen Chittenden	4.		Document	t number	
J. ((4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 400 N. Tampa Street					
		Registered Office Address (MUST BE FLORIDA STREET A Suite 1900	DDRE.	<u>SS)</u>		· 2	
		Tampa , FL	33602			2020 SEP 24 FALLARA	Martin e
(b)	Kristen Chittenden				P 24 AM TARY OF AHASSEL	j j ≃zazan perana
,	,	Enter name of NEW Registered Agent and/or NEW Registered Office address:		ress:	SSES SSES SSES SSES SSES SSES SSES SSE	\mathbf{n}	
		400 N. Ashley Drive				AM 10: 42 OF STATE SEE, FL	J
		NEW Registered Office Address:				m N	
		Suite 2500					
		Tampa, FL	33602				
char ager was	nge nt v /wc	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egiste oility o `the li	ered com imit	office and the busing pany, it is hereby co ed liability company	ness office of the registere onfirmed that the change(s	d s)
		Kusto (talla)	Kr	iste	n Chittenden		
Si	gnat	ture of a member or authorized representative of a member	_		Printed or ty	typed name of signee	
prov the d	risi obli iere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I he Ilin writing of this shange,	e to a erforr for in ereby	ct ii man Ch con	n this capacity. I fur, ace of my duties, and apter 605, F.S. Or, firm that the limited	ther agree to comply with I I am familiar with and ac if this document is being , I liability company has bee	the cept filed n

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

Signature of Registered Agent