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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	<del></del>
Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	





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## COVER LETTER

TO: Registration Section Division of Corporations	_
SUBJECT: ASPEN Rental Name of Lim	Porperties South, LL
Dear Sir or Madam:	• • •
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Edward Bonne Name of Person  Aspen Rental Propur  Firm/Company	
10718 Cetrella D	
City/State and Zip Code  Arp_LLC & yahoo.  E-mail address: (To be used for future annual report	33913.
E-mail address: (to be used for future annual report  WY LY COPP  For further information concerning this matter, please ca	
Edward Ronnetai	231 ) 288-8800 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:	:
10 \$25 Filing Fee 10 18 (2/14) FL Drp+ 1 Shall	□ \$55 Filing Fee & Certified Copy
1NHS18 (2/14) FL Drp+ (1 State)  850-225-600	Matris 43+424 above

## 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. N	ame of the limited liability company: Aspen Rundal Aroperties South, LLC
	conver Cod all Distriction
2. (a)	Principal office address of limited liability company:  Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
	Fort Myers, F2 339)3
	L20000240087
_	Angust 7, 2020 85-26/02/9
3.	Date of filing/registration in Florida 4. Document number.
5. (a	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	12 P. 1 P. 12 P. 1
(b)	Aspen Rantal Proposition South 21c/Ed Bonnet
	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	10718 Certrella Drive
	NEW Registered Office Address:
	Fort Myers, FL 33913
If the	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the
chang	e or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/w	vere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the ar	ticles of organization or the operating agreement of the limited liability company.
Sign	ature of a member of suborized representative of a member  Printed or typed name of signee
I here	eby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
the ob	sions of all statules relative to the proper and complete performance of my duties, and I am familiar with and accept oligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a change in the registered office address, I hereby confirm that the limited liability company has been bed in writing of this change.
notifi	ed in writing of this change.
Signa	ture of Registered Agent

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