L20000314490

(Requestor's Name)			
(Ad	dress)		
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
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09/12/24--01005--020 **85.00



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.

. Na	ame of the limited liability company: SAND CAY CON	MUINIMODS	RENTAL MANAGEMENT COMPANY, LLC	
(a)	4725 GULF OF MEXICO DRIVE	(b)		
ζ /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	LONGBOAT KEY, FL 34228			
		L200	000314490	
	Date of filing/registration in Florida	4.	Document number	
(a)	Robert E Messick (Resigned)			
()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 2033 Main Street, Suite 600			
	Registered Office Address (MUST BE FLORIDA STREET.	<u>ADDRESS)</u>		
	Sarasota, FL	34237	•	
(b)	Daniel J Lobeck		· · · · · ·	
	Enter name of NEW Registered Agent and/or NEW Registered	Office address	<u> </u>	
	2033 Main Street, Suite 403		:: ::3	
	NEW Registered Office Address:			
	Sarasota , FL	34237		
ange ent v is/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered of ability compa of the limited limited liabil	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.	
<u>ل'ٹ</u> Signa	exapeth C Hallagher of a member	<u> </u>	Itabeth C Gallagher	
herei ovisi e obl mere	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as providedly reflect a change in the registered office address. It is specified by this change.	ee to act in th	his canaciny. I further garee to comply with th	
4	We of the office of the second			

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