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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer.							

Office Use Only



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2025 JAN 21 AM11: 45 FILED

TRUBINED



To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com

Ext: x61563 Date: 01/21/25 Order #: 1763126-1

Re: 2700 Treasure Lane, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.0 - FL State Account Number: I20000000195

No.

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Shauna Godbolt c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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.

i.	Na	me of the limited liability company: 2700 TREASU	JRE LA	NE,	LLC			
2. (:	a)	2640 Golden Gate Parkway		(b)	2640 Golden Gate Parkway			
(()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(**)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Suite 105			Suite 105			
		Naples, FL 34105			Naples, F	L 34105		
		February 4, 2021		L	.21000061	650		
3.		Date of filing/registration in Florida	4.	_		Document number		
5. ('a)	Grabinski, Matthew L						
· 1	()	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat 4001 Tamiami Trail N.				e:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)						
		#300				202 5		
	(b)	Naples I	_{L_} 341	03		FILED 2025 JAN 21 AM II: 45 TÄLLÄHÄSSEE FLÖRIDA		
1								
,		Enter name of NEW Registered Agent and/or NEW Registered Office at			idress:			
		Corporation Service Company				AMII: 45		
		NEW Registered Office Address:						
		1201 Hays Street						
		Tallahassee, i	L_323	01	•	_		
char ager was	ige it v /we	mited liability company is not organized under the I or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ne regis liability of the	sterec y con limit	l office and pany, it is ed liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in		
/s	/S/ Nagura Davis					s, Authorized Person		
Si	gnai	ure of a member or authorized representative of a member				Printed or typed name of signee		
prov the to m	risi obl. iere	oy accept the appointment as registered agent and agons of all statutes relative to the proper and completing igations of my position as registered agent as providely reflect a change in the registered office address, if in writing of this change.	gree to e perfo led for I herch	act i ormai in Cl y cor	n this cape ice of my c iapter 605 ifirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been		
Sign	ino latu lsev	sey M. Lackard re of Registered Agent M. Lockard, Asst. Vice President on behalf of Corporation Serv	rice Con	ipany				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00 COA-15186