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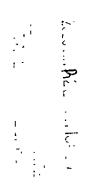
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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## COVER LETTER .

Division of Corporations					
1551 Gulf Shore Blvd LLC					
SUBJECT:					
	Name of Limited I.	iability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filin	g.		
Please return all correspondence concernin	g this matter to the	following:			
Caroline Z. Worley					
Name of Person					
1551 Gulf Shore Blvd LLC					
Firm/Company					
PO BOX 2757			,		
Address					
Westerville, OH 43086					
City/State and Zip Co	de				
carolineworley@thechampioncompanies.com			,		
E-mail address: (to be used for future	annual report notif	īcation)			
For further information concerning this ma	tter, please call:				
Caroline Z. Worley	614	895-6811			
	at (				
Name of Person		Area Code & Daytime Tel	ephone Number		
Mailing Address:		Street Address:			
Registration Section		Registration Section			
Division of Corporations		Division of Corporation			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the follow	ving amount:				
■ \$25 Filing Fee	□ s	☐ \$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.

I. Na	1551 Gulf Shore B ame of the limited liability company:				
2. (a)	1551 Gulf Shore Blvd South		P.O. Box 27	757	
<b>2.</b> (w)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Attn: 1551 Gulf Shore Blvd LLC	_	M	-	nited liability company: POST OFFICE BOX) LC
	Naples, FL 34102	_	Westerville	, OH 43086	
	02/16/2021		1.2100007880	)	
3. 5. (a)	Date of filing/registration in Florida Brian Yeager	4.	1	Document number	er
(a)	Registered Agent and Registered Office shown on the records of t	he Flori	da Dept. of State:		r
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRE</u>	<u>ssy</u>	-	5
	Naples, FL	34102			
(b)	Gregory L. Urbancic				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 4001 Tamiami Trail North	Office :	<u>iddress</u> :		· · · · · · · · · · · · · · · · · · ·
	NEW Registered Office Address: Suite 300				
	Naples, FL	34103			
change agent v was/wa	imited liability company is not organized under the law e 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 o icles of organization or the operating agreement of the law.	registe bility ( I the li limited	red office and company, it is mited liability	the business offi hereby confirme company or as c bany.	ice of the registered at that the change(s)
Signa	ture of a member or authorized representative of a member	_		Printed or typed nar	me of signee
provisi the obl to mer	hy accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d in writing of this change.	e to a perfori for in ereby	ct in this capac nance of my di Chapter 605, confirm that th	city. I further ag uties, and I am fo F.S. Or, if this o w limited liabilit	gree to comply with the amiliar with and accept document is being filed ty company has been

Signature of Registered Agent