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(Requestor's Name)				
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PICK-UP WAIT MAI	L			
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations				
SUBJECT: 236 EATON PARTNERS LLC				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Chan	nge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter	to the following:			
Melissa Jones				
Name of Person				
ZenBusiness Inc.				
Firm/Company				
336 E. College Ave. Suite 301				
Address				
Tallahassee, FL 32301				
City/State and Zip Code				
ra@zenbusiness.com				
E-mail address: (to be used for future annual repo	ort notification)			
For further information concerning this matter, please of	call:			
Melissa Jones 8	44 493-6249			
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 amount	t:			
□ \$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. N a	ame of the limited liability company: 236 EAT(I NC	> /	RTNERS LLC
2. (a)	15474 LOS RÉYES LANE		(ሐ)	15474 LOS REYES LANE
Z. (U)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)	Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)
	NAPLES, FL 34110	_		NAPLES, FL 34110
	03/01/2021		l	_21000096821
3.	Date of filing/registration in Florida	4.	_	Document number
5. (a)	Registered Agents Inc.			
()	Registered Agent and Registered Office shown on the records of 7901 4th St N	the Flor	ida l	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET) STE 300	4DDRE	(22:	
	St. Petersburg	33702		
(b)	ZenBusiness Inc			
	Enter name of NEW Registered Agent and/or NEW Registered	Office	<u>add</u>	ress:
	336 E. College Ave.			
	NEW Registered Office Address:			
	Suite 301			,
	Tallahassee	32301		
change agent v was/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	registe bility of the l	con imi	office and the business office of the registered upany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
	Elizabeth Gaglio	E	liz	abeth Gaglio
_	ture of a member or authorized representative of a member			Printed or typed name of signee
I here provisi the obl	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely relect a change in the registered office address. I	ree to a perfor d for in	mai 1 Cl	n this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accept napter 605, F.S. Or, if this document is being filed with the limited liability company has been

Signature of Registered Agent