Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : C T CORPORATION SYSTEM

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LLC REGISTERED AGENT CHANGE BOAT HOUSE OF CAPE CORAL REAL ESTATE, LLC

Certificate of Status	0	
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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: Boat House of Ca	•						
2. (a)	1516 SE 46th St	((b) 1516 SE 46th St.					
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	· / 	Mailing address of	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Cape Coral, FL 33904	_	Cape (Coral, FL 33904				
	04/26/2021	_	L21000	184782				
3.	Date of filing/registration in Florida	4.		Document nun	nber			
5. (a	C T Corporation System							
J. (L	Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road	the Flori	la Dept. of	State:				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	<u>221</u>					
	Plantation, FI	33324			2021 MAY 21 SECRETARY TALLAHA	رجي		
(b)	Parker Valdez				Y 21 PM TARY OF AHASSEL	====> ================================		
\	Enter name of NEW Registered Agent and/or NEW Registered	Office s	ddrew:		85			
	1516 SE 46th St.		PH 3:	-115_E				
	NEW Registered Office Address:		18					
	Cape Coral , FI	33904						
chang agent was/v	limited 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 lie were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registe ability of of the li- limited	red office ompany, mited liab	e and the business of it is hereby confired bility company or a	office of the registered med that the change(s	i .)		
Sign	ature of a thember or authorized representative of a member			Printed or typed	name of signee			
I her- provi the ob- to me	by accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I is ad in writing of this change.	ree to ac perform d for in hereby c	ct in this c nance of t Chapter confirm th	capacity. I further my duties, and I an 605, F.S. Or, if thi hat the limited liab	agree to comply with n familiar with and ac is document is being f ility company has bee	the coept filed n		
Signal	ure of Registered Agent							