Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000319898 3)))



H240003198983ABCB

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PAVESE LAW FIRM Account Number : I20130000057

Phone

: (239)334-2195

Fax Number

: (239)332-2243

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE WADE DRIVE HOLDINGS LLC

Certificate of Status	0		
Certified Copy	0		
Page Count	03		
Estimated Charge	S25.00		

K. SALY

SEP 2 0 2024

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	Wade Drive Holdings LLC				
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning thi	s matter to the	following:		
Char	les B. Capps, Esq.				
-	Name of Person	- · · · · ·			
Paves	se Law Firm				
	Firm/Company		_		
1833	Hendry Street				
	Address				
Fort M	yers, FL 33901				
	City/State and Zip Code		<u> </u>		
corp@	sposenhomes.com				
E	-mail address: (to be used for future ann	ual report notif	fication)		
For fu	ther information concerning this matter,	please call:			
Char	ies B. Capps, Esq.	239 at (334-2195		
-	Name of Person	_ u. (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:			
	■ \$25 Filing Fee	□ \$	SSS Filing Fee & Certified Copy		
INHS1	8 (2/14)				

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.

Z. 181	1900 Wade Drive		(b)	1900 Wade Drive
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Cape Coral, FL 33991		-	Cape Coral, FL 33991
	3/19/2021		L	L2i000277768
3.	Date of filing/registration in Florida	4.	_	Document number
5. (a)	GERAGHTY, DOUGHERTY & STOCKMAN, P.A.			
(-)	Registered Agent and Registered Office shown on the records of	the Flor	rida D	a Dept. of State:
(b)	Registered Office Address 1531 HENDRY ST			
	FORT MYERS	33901		CH. See
	PLF REGISTERED AGENT, L.L.C.			DIDA SEP 19 2: 2.2. TALLAHASSI (Grain)
	Enter name of NEW Registered Agent and/or NEW Registered	Office	addr	dress:
				2.2
	NEW Registered Office Address:		_	
	1833 HENDRY STREET			
	FORT MYERS.	33901		-
	, FL	·		
hange igent v vas/wa	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or the tase of a Florida limited life are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ability of the I	ered com imite	ed office and the business office of the registered impany, it is hereby confirmed that the change(s) uited liability company or as otherwise provided in
			Cha	harles B. Capps
	ture of a member or authorized representative of a member			Printed or typed name of signee
l herei irovisi he abl	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I	ree to a perfor a for in hereby	ict in man i Chi con	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and acce Chapter 605, F.S. Or, if this document is being file onfirm that the limited liability company has been
o mere totified	I'm writing of this change		•	, , ,

FILING FEE: \$25.00