

# L21000290539

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

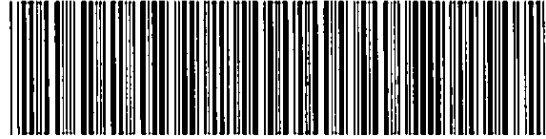
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**CT CORP**  
**(850)656-4724**  
**3458 Lakeshore Drive,**  
**Tallahassee, FL 32312**

**Date:** 06/28/2023  
Acc#I20160000072

*en: c DW*

Name:	CS Dwellings SNV, LLC
Document #:	
Order #:	15010940

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
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Document _____
Examiner _____
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!

**· 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. Name of the limited liability company: CS Dwellings SNV, LLC

2. (a) 384 Seacrest Drive

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

Inlet Beach, FL 32461

(b) 384 Seacrest Drive

Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

**Inlet Beach, FL 32461**

06/23/2021

L21000290539

3. Date of filing/registration in Florida

4. Document number

5. (a) Lesly S Simon

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

191 Sand Oaks Circle, Santa Rosa Beach, FL 32459

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

\_\_\_\_\_ FL

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

384 Seacrest Drive

**NEW Registered Office Address:**

Inlet Beach FL 32461

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

**SIGN HERE** | Lesly S Simon

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

**SIGN HERE**

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

**FILING FEE: \$25.00**

INHS18 (2/14)