## 621000316717

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## COVER LETTER

TO: Registration Section Division of Corporations

O&W REALTY LLC

SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ann E Osborne

Name of Person

O&W REALTY LLC

Firm/Company

2740 Bayshore dr, Unit 7

Address

Naples, FL 34112

City/State and Zip Code

aco@fuc-corp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ann E Osborne	732 789-6425 at ( )
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
	rununussee, r = 52505

## Enclosed is a check for the following amount:

□ \$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.

(a)	2740 Bayshore Dr. Unit 7	(b)		
. ,	Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	、,	Mailing address of limited lit ( <u>Note: MAY BE POST O</u>	ability company:
	Naples, FL 34112		· · · · · · · · · · · · · · · · · · ·	
	07/11/2021	L210	00316717	
(a)	Date of filing/registration in Florida Ann E Osborne	4.	Document number	
(a)	Registered Agent and Registered Office shown on the records 3461 Lakeview Dr	of State:		
	Registered Office Address (MUST BE FLORIDA STREE	<u>ET ADDRESS)</u>		2021; S.C
	Naples	FL		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Office address:		
	4578 Arboretum Cir, Unit 103			5: 39
	<u>NEW</u> Registered Office Address:			
	Naples	FL_34112		

Signature of a network of Color Mg mber Ann E Osborne, AMBR
Printed or typed name of signce

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 noti

Signature of Registered Age

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

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