121000364527

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | |
|--|--|--|--|--|--|--|
| SUBJECT: 157 Upper Manatee R: ver Rd., LLC Name of Limited Liability Company | | | | | | |
| Dear Sir or Madam: | | | | | | |
| The enclosed Registered Agent/Registered Office Cha | nge and fee(s) are submitted for filing. | | | | | |
| Please return all correspondence concerning this matter | er to the following: | | | | | |
| Alex Hishon Name of Person | | | | | | |
| Ufer, Spaniola & Frost, PC Firm/Company | | | | | | |
| 5440 Corporate Dr., Ste. | 250 | | | | | |
| Troy, MT 48098 City/State and Zip Code | | | | | | |
| E-mail address: (to be used for future annual rep | ort notification) | | | | | |
| For further information concerning this matter, please | call: | | | | | |
| Adam Frost at (| 248) 641-7000 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 amoun | nt: | | | | | |
| \$25 Filing Fee | ☐ \$55 Filing Fee & Certified Copy | | | | | |

INHS18 (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.

| 1. Na | Name of the limited liability company:157 UP | peri | Manates | e River Rd., LLC |
|--------------------------------|--|--|---|--|
| 2. (a) | 1 | (b) | ` | |
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (0 | , <u>.</u> | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 5440 Corporate Dr, Str 256 | Š | 5440 | O corporate Dr., Ste. 25 |
| | Troy, MX 48098 | _ | Troy, | MI 48098 |
| | 8/13/202/ | _ | 421 | 000364527 |
| 3. | Date of filing/registration in Florida | 4. | | Document number |
| 5. (a) |) James W. O'Ne:11 | | | |
| ` ' | Registered Agent and Registered Office shown on the records of the | e Florida | Dept, of State | - e: |
| | 13915 Old Coast Rd. | | | |
| | Registered Office Address [MUST BE FLORIDA STREET AL | DDRESS | 1 | - |
| | su: Le 304 | | | 喜人 |
| | Suite 304 Naples | 341 | 110 | Manuel of the last |
| (1.) | | | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered O | | lress: | - Say |
| | | | | 22 i |
| | James W. O'Ne: !! NEW Registered Office Address: | | | |
| | | ^~ | _ | |
| | 13925 Old Coast Rd., #16 | 05 | | - |
| | Naples | <u> 34110</u> |) | _ |
| If the li | limited liability company is not organized under the laws | of the S | State of Flo | orida, it is hereby confirmed that after the |
| change | ge or changes are made, the Florida street address of the re will be identical. Or, in the case of a Florida limited liabi | egistered | d office and | I the business office of the registered |
| was/wc | vere authorized by an affirmative vote of the members of t | the limi | ted liability | company or as otherwise provided in |
| the arti | ticles of organization or the operating agreement of the lin | mited lia | ability com | pany. |
| Signal | nature of a member or authorized representative of a member | | HIEX HI | Printed or typed name of signee |
| - | · · | i to ant i | in this care | rains I further garage to comply with the |
| provision the oblation to mere | weby accept the appointment as registered agent and agree sions of all statutes relative to the proper and complete peoligations of my position as registered agent as provided forely reflect a change in the registered office address, I hered in writing of this change. | e to act i erforma for in Ci reby coi | n this capa nce of my a hapter 605, ufirm that t | icity. I further agree to comply with the futles, and I am familiar with and accept , F.S. Or, if this document is being filed he limited liability company has been |
| Stenatu | mre of Registered Agent | | | |