## L21000508717

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

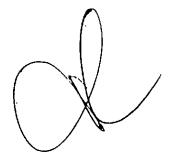
Office Use Only



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2023 MAR -6 AM 9: 45





February 17, 2023

CHRISTOPHER WRIGHT 4051 GULF SHORE BLVD. N. PH-201 NAPLES, FL 34103

SUBJECT: SPINNAKER RUN, LLC

Ref. Number: L21000508717

We have received your document for SPINNAKER RUN, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline Regulatory Specialist II Supervisor

MAR 0 6 2023

Letter Number: 923A00003961

www.sunbiz.org

## COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Spinnaker 1			
Name	of Limited Liability (	Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	e Change and fee(s) a	re submitted for filing.	
Please return all correspondence concerning this	matter to the followir	ıg:	
Christopher Wright	F		
Name of Person			2023 HAR -6 AM 9: 49
Firm/Company	<del></del>		-6 A 9: 19
4.51 Gulf Showe Blod	. N. PH20	ι	9:1
Address			6
Naples, FL 34	ω3		
City/State and Zip Code	<del></del>		
Chris. wright C 2	MO). Z		
E-mail address: (to be used for future annu	al report notification)		
For further information concerning this matter, p	olease call:		
Chris Wright	847 )	<u> 2</u> 08 - 3943	
Name of Person	Area	Code & Daytime Telephor	ie Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Reg Div The 241	eet Address: istration Section ision of Corporations Centre of Tallahassee 5 N. Monroe Street, Suite ahassee, FL 32303	e 810
Enclosed is a check for the following :	amount:		
□ \$25 Filing Fee	🚨 \$55 Filin	g Fee & Certified Copy	
INHSIS (2/14) the check for already to	135 has seen Subm	itteo	

## 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.

l Na	me of the limited liability company:	•
	Cunstopher Wight (b)	Christopher Wright
2. (a) <sub>-</sub>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	4051 Gulf Shore BlvR. N. PHZOI	4051 Gulf Shove Blue N PHZ
	Naples, FL 34103	Naples, FL 34103
	Dec. 01, 2021	L21000508717
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	Cheyenne mosely, untel states	Corporation of Agents Inc.
), (a)	Registered Agent and Registered Office shown on the records of the Florida Do	<del></del>
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  SS75 S. Semoran Blvd. # 36	2023 HAR -6 AN 9: 49
	orlando	322 SS = 11
(b)	Chustopher wright	AN 9: 49
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office addre	<u></u>
	4051 Gulf Shore Blue N. PH	
	NEW Registered Office Address:	
	Naples , FL 34	1103
change agent v was/we the arti	imited liability company is not organized under the laws of the Step or changes are made, the Florida street address of the registered will be identical. Or, in the case of a Florida limited liability compere authorized by an affirmative vote of the members of the limited liability corrected by organization or the operating agreement of the limited liability of a member of a member or authorized representative of a member	ate of Florida, it is hereby confirmed that after the office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
I leava	by accept the appointment as registered agent and agree to act in	this canacity. I further agree to comply with the
provisi the obl to mer	ions of all statutes relative to the proper and complete performant igations of my position as registered agent as provided for in Cheely reflects a change in the registered office address, I hereby confid in writing of this change.  3 03 2023	eo al mie annos ana i am laminar with ana accem