LZZ000121/36

	(Requestor's Name)					
(Address)						
(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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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	10/11/2024					
Name:	Patrice Rush					
Reference #	2525525					
Entity Name	E PROPERTIES, LLC					
Articles of Incorporation/Authorization to Transact Business						
Amendment						
Reinstatement						
Conversion						
☐ Merger						
☐ Dissolution/Withdrawal						
☐ Fictitious Name						
☐ Other						
Authorized A	mount: \$25.00					
Signature: _	(Part M					

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.

Name of the limited liability company:			SAW	SAWGRASS LANE PROPERTIES, LLC			
2	(a)		a	o)			
٠.	(α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ``	1	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		489 SAWGRASS LANE	_		489 SAWGRASS LANE		
		SANIBEL, FL 33957	_		SANIBEL, FL 33957		
		03/09/2022			L22000121136		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)						
٠.	(u)	Registered Agent and Registered Office shown on the records of the	e Florid	a Dept. of State	- e:		
		CT CORPORATION SYSTEM	_		_		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS				DRESS)			
		1200 SOUTH PINE ISLAND ROAD)				
		PLANTATION , FL		33324	FILI 2024 OCT 11 SECRETARY		
	(b)	Cogency Global Inc.			1 1		
	(0)	Enter name of NEW Registered Agent and/or NEW Registered 6			OF STATE		
					養婦 二		
		115 North Calhoun Street, Suite 4			<u>.</u>		
		NEW Registered Office Address:			_		
		Tallahassee , FL		32301			
ıſ	the l	imited liability company is not organized under the law	s of the	State of Flo	orida, it is hereby confirmed that after		
th ag w:	e cha ent v as/we	inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liagreement.	the regi bility c f the lir	istered offic- ompany, it i nited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in		
		/s/ Edward L. LeSage			Edward L. LeSage		
	Signa	ture of a member or authorized representative of a member			Printed or typed name of signee		
pr th to no	ovisi e obl mer otifio M	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. When the property of the change of the	ee to ac perforn I for in ereby c	t in this cap nance of my Chapter 603 confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been		
		Division of Corporations P.O. B	ox 632	7. Tallaha	ssee, FL 32314		
		into islou or Cor horations a r.O. n	- CA UJ4	, - LHIIAIIA			

FILING FEE: \$25.00

INHS18 (2/14)