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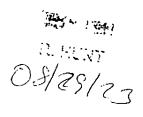
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COVER LETTER .

TO:	Registration Section
	Division of Corporations

Long Bont King Long I LLC
Name of Limited Liability Company SUBJECT:

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:

John R. Picciaili Name of Person

Long Bost Key Cap. fol LLC
Firm/Company

2170 Main St Suite 203 Address

Sansofa, Al 34237
City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person at (585) 749-073/
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 amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Lopy

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.

l. Nar	me of the limited liability company: Long Bont Key Fo	Ino I LLC
2. (a) _	(b)	
` · · -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2170 Main St Suite 203	Sane.
	SACASOFA FL 34237	
	4/8/23 Date of filing/registration in Florida 4	1379609
3,	Date of filing/registration in Florida 4.	Document number
5. (a)	Cs.c	
). (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	ite:
	2170 Main St Suit 203	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	-
	SALASOFA AL, 34237	- 2
	, FL	มห์รับส์ 3 2023 AUG
		AUC AUC
(b)	John R. Picciailli	- Alexander - Ale
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	_	203 PA 195
	2170 Main Street Suite	203
	NEW Registered Office Address:	- 5
	- 	_
	SARASOSA FL 34237	2_
		_
f the lir	mited liability company is not organized under the laws of the State of Fl	orida, it is hereby confirmed that after the
agent w	or changes are made, the Florida street address of the registered office ar ill be identical. Or, in the case of a Florida limited liability company, it is	is hereby confirmed that the change(s)
was/wei	re authorized by an affirmative vote of the members of the limited liabili	ty company or as otherwise provided in
ne artic	eles of organization or the operating agreement of the limited liability con	
	16/0/-	Printed or typed name of signee
-		,,
provisio he oblig o merel	Accept the appointment as registered agent and agree to act in this cap ons of all statutes relative to the proper and complete performance of my gations of my position as registered agent as provided for in Chapter 60, by reflect a change in the registered office address. I hereby confirm that in writing of this change.	pacity. I further agree to comply with the duties, and I am familiar with and accept. F.S. Or, if this document is being file the limited liability company has been
Signatur	e or Registered Agent	