

L22000308829

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

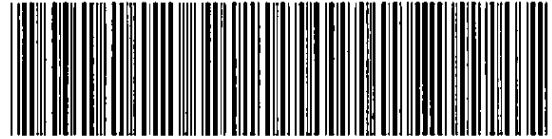
(Document Number)

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2024 OCT -7 PM 4:15  
Clerk of Court

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SPRING HILL REALTY INVESTMENTS LLC  
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:

EUGENE DUMONTIER

Name of Person

SPRING HILL REALTY INVESTMENTS LLC

Firm/Company

10102 PALAZZO DRIVE

Address

NAPLES, FL 34119

City/State and Zip Code

o317@AOL.COM

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

For further information concerning this matter, please call:

EUGENE DUMONTIER                      508                      3692376  
at (                      )  
Name of Person                      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 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.*

1. Name of the limited liability company: SPRING HILL REALTY INVESTMENTS LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

10102 PALAZZO DRIVE

NAPLES, FL 34119

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

10102 PALAZZO DRIVE

NAPLES, FL 34119

7/11/2022

L22000308829

3. Date of filing/registration in Florida

4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

REGISTERED AGENT SOLUTIONS INC.

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

2894 REMINGTON GREEN LANE, SUITE A

TALLAHASSEE, FL 32308

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

EUGENE DUMONTIER

**NEW Registered Office Address:**

10102 PALAZZO DRIVE

NAPLES, FL 34119

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Eugene Dumontier  
Signature of a member or authorized representative of a member

EUGENE DUMONTIER

Printed or typed name of signee

*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 notified in writing of this change.*

Eugene Dumontier  
Signature of Registered Agent

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

FILED  
2024 OCT -7 PM 4:15