## L2300039880

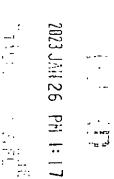
(Requestor's Name)								
(Address)								
(Address)								
( in the state of								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
,								
Certified Copies Certificates of Status								
Certificates of Status								
Special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

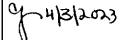
Office Use Only



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01/26/23--01017--029 \*\*25.00





## **COVER LETTER**

T9: Registration Section Division of Corporations	
Alico Property, LLC SUBJECT:	
Name of Li	mited 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 matte	er to the following:
Katie Christner	
Name of Person	<del></del>
DUGGAN BERTSCH, LLC	
Firm/Company	
303 W. Madison Street, Suite 1000	
Address	
Chicago, IL 60606	
City/State and Zip Code	
dlittwin@dugganbertsch.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Katic Christner at (	312 263-8600
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 amoun	t:
■ \$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.

L N	ame of the limited liability company: Alico Property, LI	LC							
2. (a)	10521 Glen Lakes Drive	(D)			len Lakes Drive				
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
	Estero, Florida 34135	_	<u> </u>	Estero, F	lorida 34135				
	September 12, 2022	_	L2	:2000398	8880			<u> </u>	
3.	Date of filing/registration in Florida	4.	_		Document no	ımber		-	
5. (a)	Timothy W. Apel								
•	Registered Agent and Registered Office shown on the records of t	he Florid	ia De	pt. of Sta	nte:				
				_		~			
	Registered Office Address (MUST BE FLORIDA STREET A	ET ADDRESS)				;. - <u></u> :-	023		
	6970 Misty Lake Court					-	2023 JAN		
	Fort Myers . FL	33908					26		
					_	-		;	
(b)	Timothy W. Apel			_	<u>'</u> -	<u> </u>	. <u> </u>		
	Enter name of NEW Registered Agent and/or NEW Registered Office a			<u>ss</u> :		77.1	PH 1:17		
						F-3	~		
	NEW Registered Office Address:				_				
	10521 Glen Lakes Drive								
	Estero	34135							
change agent : was/w	timited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	rs of the register bility co f the lin limited	red omp nite liab	office ar any, it i d liabili ility cor	nd the business is hereby confi ty company or	office of the of the of the office of the of	ne regis he char	stered ige(s)	
Signa	Signature of a member or authorized representative of a member					Printed or typed name of signee			
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	ee to ac perform for in ( ereby c	t in ianc Cha ionfi	this cap e of my pter 60; rm that	vicity I furthe	r ouree to	ramnhi	with the nd accept ring filed s been	