## L23000 26651

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

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## COVER LETTER

то:	Registration Section Division of Corporations					
	687 9th Ave S LLC					
SUBJI	BJECT: Name of Limited Liability Company					
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered C	Office Change and	I fee(s) are submitted for filing.			
Please	return all correspondence concerning	this matter to the	following:			
Carolin	e Z. Worley					
	Name of Person					
687 9tl	n Ave S LLC					
	Firm/Company		<u></u>			
РО ВС	X 2757			, r		
	Address		<del>_</del>	-		
Wester	ville, OH 43086					
	City/State and Zip Cod	e		-		
caroline	worley@thechampioncompanies.com			· · · · · · · · · · · · · · · · · · ·		
E	-mail address; (to be used for future a	annual report noti	fication)	· · ·		
For fur	ther information concerning this mat	ter, please call:				
Carolin	e Z. Worley	614	895-6811			
		at (				
	Name of Person		Area Code & Daytime Telep	none Number		
	Mailing Address:		Street Address:			
Registration Section			Registration Section			
Division of Corporations			Division of Corporations			
P.O. Box 6327			The Centre of Tallahassec			
	Tallahassee, FL 32314		2415 N. Monroe Street, S Tallahassee, FL 32303	uite 810		
	Enclosed is a check for the follow	ing amount:				
■ \$25 Filing Fee			555 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. N	687 9th Ave S L ame of the limited liability company:	=			
2. (a)	687 9th Ave South	(b)	(b) P.O. Box 2757		
(	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Attn: 687 9th Ave S LLC		Mailing address of limite (Note: MAY BE POS Attn: 687 9th Ave S LLC		
	Naples, FL 34102		Vesterville, OH 43086		
	01/12/2023	 L2	3000026651		
3. 5. (a)	Date of filing/registration in Florida Brian Yeager	4.	Document number		
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Do	ept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET) 1551 Gulf Shore Blvd South				
	Naples, FL	34102			
(b)	Gregory L. Urbancic		·	,	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<u></u>	<del>}•</del> [		
	4001 Tamiami Trail North			: :	
	NEW Registered Office Address: Suite 300		<del></del>	<u>;                                    </u>	
	Naples . FL	34103			
change agent was/w	limited liability company is not organized under the lay e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ieles of organization or the operating agreement of the	registered of ability comp of the limite limited liab	office and the business office pany, it is hereby confirmed t d liability company or as oth	of the registered hat the change(s)	
Signa	ature of a member or authorized representative of a member		Printed or typed name	of signee	
provis the ob to mei	eby accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided of the change in the registered office address. It is a finitely of this change.	performanc d för in Cha	e of my duties, and I am fam apter 605, F.S. Or, if this doc	iliar with and accept rument is being filed	
Signan	ure of Registered Agen				