

L230000066118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

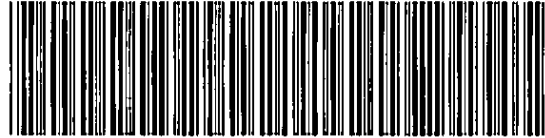
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400418402204

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2023 NOV 28 PM 3:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 NOV 28 AM 10:11

DISPATCHING OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland-Sorenson
Ext: 61592
Date: 11/28/23
Order #: 1294972-1
Re: C And M Enterprise Partners, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:
I20000000195

Authorization:

A handwritten signature in black ink, appearing to read "Alexxis Weiland-Sorenson", written over a horizontal line.

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

**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: C AND M ENTERPRISE PARTNERS, LLC
2. (a) c/o Naples Leather and Fine Furnishings
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
3333 TAMIAMI TRAIL, UNITS 1-3
NAPLES, FL 34103
- (b) c/o Naples Leather and Fine Furnishings
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
3333 TAMIAMI TRAIL, UNITS 1-3
NAPLES, FL 34103
3. 02/10/2023 Date of filing/registration in Florida
4. L23000066118 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
CORPORATION SERVICE COMPANY

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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


David H. Marcou, Jr.

NEW Registered Office Address:

9493 Italia Drive

Naples, FL 34113

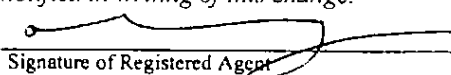
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.


Signature of a member or authorized representative of a member

Steven D. Frank

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.


Signature of Registered Agent

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

FILED
2023 NOV 28 PM 3:14
CLERK OF STATE
TALLAHASSEE, FLORIDA