L23 0000 73551

<u> </u>	da da Nama			
(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(D.	isiness Entity Nar	~~)		
Du)	isiness Entity Nar	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Eiling Officer:			
Special instructions to	rilling Officer.			

Office Use Only



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2023 APR - 3 ATT TO SEEL FL

COVER LETTER

TO: Registration Section Division of Corporations			
236 2ND STREET LLC SUBJECT:			
SUBJECT:	Name of Limited	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registere	d Office Change as	nd fee(s) are submitted for filing.	
Please return all correspondence concern			
Christine Miller			
Name of Person			
Funkhouser Vegosen Liebman & Dunn Ltd.		の 1ご	2023
Firm/Company			APR
55 W. Monroe Street, Suite 2300		- 100 mm -	ယ်
Address			AH
CI 100 100 100 100 100 100 100 100 100 10		11 (c) [13]	AH II: 56
Chicago, Illinois 60603			δ
City/State and Zip C	ode		
cmiller@fvldlaw.com			
E-mail address: (to be used for futu	re annual report no	tification)	
For further information concerning this n	natter, please call:		
Christine Miller	312 at (701-6890	
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 follo	owing amount:		
INHS18 (2/14) S25 Filing Fee Check # 8	o Iio-	\$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. N	ame of the limited liability company: 236 2ND STREE	ET LLC		
2 (a)		(b)	
Σ. (ω)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		<u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	26476 Hickory Boulevard		Same as p	orincipal office
	Bonita Springs, FL 34134			
	February 9, 2023		L23000073	551
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
J. (a)	Registered Agent and Registered Office shown on the records o	f the Florid	la Dept. of Sta	te:
	Kenneth R. Buckman			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u></u>	_
	26476 Hickory Boulevard			
	Bonita Springs F	L 34134		2023 APR SECKER TALLA
				ALL
(b)				<u> </u>
	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:	$\frac{1}{2c}$: ω
	WWMR Statutory Agent, LLC			
	NEW Registered Office Address:			一台 の
	9045 Strada Stell Court, Suite 400			— — — — — — — — — — — — — — — — — — —
	Naples , F	L		_
change agent v was/w the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the liture of a member or authorized representative of a member	iws of the e register iability c of the lir e limited	ed office ar ompany, it i nited liabilit	nd the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
I here provisi the obi	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	e perform ed for in	ance of my Chapter 60:	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed

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