

Florida Department of State  
 Division of Corporations  
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L230003460123 ABCV 97474

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(((H23000346012 3)))



H230003460123.ABCV

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To:  
 Division of Corporations  
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 Account Name : CAPITOL SERVICES, INC.  
 Account Number : I2016000017  
 Phone : (855)498-5500  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC REGISTERED AGENT CHANGE  
1680 OAKES BOULEVARD II, LLC**

Certificate of Status	0
Certified Copy	1
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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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K. Brumblay

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**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: 1680 Oakes Boulevard II, LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

4851 Tamiami Trail North, Suite 200  
Naples, FL 34103

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

4851 Tamiami Trail North, Suite 200  
Naples, FL 34103

3. 02/23/2023  
Date of filing/registration in Florida

4. L23000097474  
Document number

5. (a) Figares, Alex, Esq.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
4001 Tamiami Trail N, Suite 300  
Naples, FL 34103

(b) Adam L. Schwartz, Esq.  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address:**

NEW Registered Office Address:  
600 Brickell Avenue, Suite 1500  
Miami, FL 33131

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TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF REVENUE

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.

Jana Seaman  
Signature of member or authorized representative of a member

Jana Seaman, as Manager of Managing Member  
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.*

/s/ Adam L. Schwartz  
Signature of Registered Agent