## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000276191 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Phone .

Account Number : FCA000000023 : (850)222-1092

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for PEureon annual report mailings. Foton call and annual report mailings. annual report mailings. Enter only one email address please.

| Rmail | Address:  |
|-------|-----------|
|       | ~~~~~~~~· |

## LLC REGISTERED AGENT CHANGE PORT 1100, L.L.C.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 02      |
| Estimated Charge      | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: Port 1100, L.L.  | C   |   |
| 2. (a) Principal office address of limited liability compa   | man 2058 Breakeville Boad   |   |
| (Note: MUST BE STREET ADDRESS)   | Richfield, OH 44286   | 😾 र 🕁   |
| distriction and an arrange translation,  |   | 1-6   |
|  |   | 经图  |
| (b) Mailing address of limited liability company:  | 2958 Breckwille Road  |   |
| (Note: MAY BE POST OFFICE BOX)   | Richfield, OH 44286   | <u> </u>  |
|  |   | P   |
| 09/15/1998   | L98000001844  |   |
| 3. Date of filing/registration in Florida  | 4. Document number  | <del></del>   |
| • •  |   | 另一  |
| 5. (a) Registered Agent and Registered Office shown of   | n the records of the Florida De   | pt. of Stale  |
|  |   |   |
| Registered Agent:  | BDB Agent Co.   |   |
| Registered Office Address;   | 5355 Town Center Road, Suite 9  | 900   |
| order of the state | BOCA RATON, FL 33486  |   |
|  |   |   |
|  | •   |   |
| (b) Enter name of NEW Registered Agent and/or NI   | W Registered Office addres  | <u>s</u> :  |
|  |   | _   |
| NEW Registered Agent:  | C T Corporation System  | · · · · · · · · · · · · · · · · · · ·                     |
| NEW Registered Office Address:   | 1200 South Pine Island Road   |   |
| (MUST BE FLORIDA STREET ADDRESS)   |   |   |
|  | Plantation  | ,FL,33324   |
| If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be idealiability company, it is hereby confirmed that the change the members of the limited liability company or as otherwise the operating agreement of the limited liability company.  | Florida street address of the re-<br>ntical. Or, in the case of a Flor<br>s) was/were authorized by an a  | gistered office<br>ida limited<br>iffirmative vote o      |
| If the limited liability company is not organized under the lar confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identically company, it is hereby confirmed that the change(s) with members of the limited liability company or as otherwise the operating agreement of the limited liability company.  Also because of a member or sufficiency depressibilities of a member  | we of the State of Florida, it is he<br>ride street address of the register<br>al. Or, in the case of a Florida hi<br>vas/were authorized by an affirm<br>provided in the articles of organ | reby<br>ed office<br>mited<br>ative vote of<br>ization or |
| In the property of the provision of the property of the provision of the provision of the provision of all significant agent and agree comply with the provisions of all significant of the property of the pr | ee to act in this capacity. I furth<br>for and complete performance of<br>fon as regulared agent as provide   | er agree to<br>my dulies,<br>led for in                   |
| Chapter 618, I.S. Or, if this document is being filled to mare address, frareby confugs that the limited liability company is Renee Cn.17, A.S.S. Se   | ty reflect to change in the register<br>as been nauffed in writing of this<br>CCTCLATY  | ed office<br>r change.                                    |
| Division of Commentary D. A. B 4882  | Mallahana MT 66614  |   |

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

PLOIS - 03/30/2013 Webset Kilmer Osline