	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.
	(((H18000147693 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 Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208×0845. (CT N CC) **Enter the email address for this business Mantity to be used for future annual report mailings. Enter only one Memail address please.** Email Address:
RECEIVED 2018 MAY 11 AM 11: 02	LLC REGISTERED AGE CHANGE LANDMARK DESIGN, LLC LANDMARK DESIGN, LLC LUSS Certificate of Status 0 Certified Copy 1 Page Count 02 Estimated Charge \$55.00

:

To:

1011 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.

(a)		(b)
	Principal office address of limited liability company: (Note: MUST BR STREET ADDRESS)	Mailing address of limited lizbility company: (Note: MAY BE POST OFFICE BOX)
	2355 VANDERBILT BEACH RD. STE 130	2355 VANDERBILT BEACH RD. STE 130
	NAPLES, FL 34109	NAPLES, FL 34109
	03/04/2014	L99000005055
	Date of filing/registration in Florida	4. Document number
(a)	NRAI SERVICES, INC.	
(-)	Registered Agent and Registered Office shown on the records of the	te Florida Dept, of State:
	Registered Office Address (MUST BE FLORIDA STREET AD	DDRESS.
	1200 SOUTH PINE ISLAND ROAD	
	PLANTATION , FL 33	33324
	* * * **************************	
		-7173
(b)	Party name of NP/14/ Descriptional Accept and/on NP/34/ Descriptional Office	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Of</u>	Difice anidress:
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Of</u> C T Corporation System	Diffice address:
(b)		Difico address:
(b)	C T Corporation System	Difico address:

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.

Lusia & Shafran ache Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agont and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performence 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 potitied in writing of the change. notified in writing of this change. C T Corporation System By: Danny Verdecchia Signature of Registered Agent Assistant Secretary Division of Corporations+ P.O. Box 6327+ Tallahassee, FL 32314 **FILING FEE: \$25.00** . •

INHS18 (2/14)

A