

L99000009088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

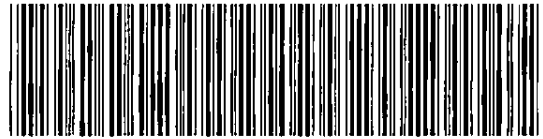
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October 17, 2024

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee FL 32314

Re: Neslund Family Limited Partnership II

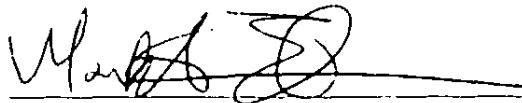
Dear Sir or Madam:

Enclosed please find Change of Registered Agent forms for **B.P. Limited Liability Company, Leeward, LLC, Thirty One, LLC and Steamboat, LLC**, along with a check in the sum of \$100.00 for filing same. Also enclosed are Change of Registered Agent forms for **Charlotte County Mining & Material, Inc., Southern Engineering, Inc. and Burnt Store, LTD.**, along with a check in the sum of \$105.00 for filing same. Also enclosed is a self-addressed, stamped return envelope.

If you have any questions or require anything further, please do not hesitate to contact me. Thank you for your assistance in this matter.

Very truly yours,

KNOTT EBELINI HART



Mark A. Ebelini

MAE/mcl  
Enclosures

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** B.P. Limited Liability Company

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark A. Ebelini, Esq.

\_\_\_\_\_  
Name of Person

Knott Ebelini Hart

\_\_\_\_\_  
Firm/Company

1625 Hendry Street, Third Floor

\_\_\_\_\_  
Address

Fort Myers, FL 33901

\_\_\_\_\_  
City/State and Zip Code

mebelini@knott-law.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark A. Ebelini, Esq.

239

334-2722

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 following amount:**

☒ \$25 Filing Fee

☐ \$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. Name of the limited liability company: B.P. Limited Liability Company

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

15210 Wayzata Blvd.

Wayzata, MN 55391-1439

12/22/1999

L99000009088

3. Date of filing/registration in Florida 4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

James T. Humphrey, Esq.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1625 Hendry Street

Fort Myers, FL 33901

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Mark A. Ebelini, Esq.

NEW Registered Office Address:

1625 Hendry Street, Third Floor

Fort Myers, FL 33901

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.

Richard Neslund  
Signature of a member or authorized representative of a member

Richard Neslund

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.*

Mark A. Ebelini  
Signature of Registered Agent

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