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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
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SECRETARY OF STATE

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COVER LETTER

| Division of Corporations | | |
|--|-----------------------|---|
| Bay Bayou Florida RV Resort, SUBJECT: | LLC. | |
| | f Limited Liat | pility Company |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Office | Change and fe | re(s) are submitted for filing. |
| Please return all correspondence concerning this m | natter to the fo | llowing: |
| Brian A. Burak | | |
| Name of Person | | - |
| Burcorp., P.C. | | |
| Firm/Company | | - |
| 3116 RFD | | |
| Address | | - |
| Long Grove, IL 60047 | | |
| City/State and Zip Code | | - |
| jadamo@jenningsrealtyinc.com | | |
| E-mail address: (to be used for future annual | report notific | ation) |
| For further information concerning this matter, ple | ase call: | |
| Brian Burak | 847 at (| 456-1999 |
| Name of Person | | Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | Regi Divis P.O. | LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314 |
| Enclosed is a check for the following am | 1ount: | |
| ☑ \$25 Filing Fee | □ \$55 | Filing Fee & Certified Copy |

TO: Registration Section

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.

| Na | me of the limited liability company: | Florida F | RV Resort, | LLC. | |
|--|--|--|---|--|---------------------------------------|
| | 820 Church Street | | 820 Chi | urch Street | |
| (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suite 200 | (. | | Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX) | • |
| | Evanston, IL 60201 | | Evansto | n, IL 60201 | |
| | May 27, 2011 | | M110000 | 02754 | |
| (-) | Date of filing/registration in Florida Craig Sher | 4. | | Document number | |
| (a) | Registered Agent and Registered Office shown on the records of | of the Florida | a Dept. of Stat | – e: | |
| | Registered Office Address (MUST BE FLORIDA STREE | T ADDRES: | <u>25</u> | 8 | 51415 |
| | St. Petersburg | 33707 L | | • | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| (b) | Darla Sinnard | | | Q. | - |
| (0) | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u> | ed Office ad | ldress: | AH 9: 30 | OLATORUA : EL OLORAHORO |
| | NEW Registered Office Address: 8492 Manatee Bay Drive | | | _ | 767 |
| | Tampa . I | 33635 | • | | |
| e cha ent was/we e artic Signat | imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited at the earthorized by an affirmative vote of the members cles of organization or the operating agreement of the three of a member or authorized representative of a member by accept the appointment as registered agent and a | of the reginal liability consists of the limited here to accommend | stered offic ompany, it i nited liabilit liability cor BL | e and the business office of the regists hereby confirmed that the change y company or as otherwise provide inpany. Printed or typed name of signee | ister (s) d in |

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 F1LING FEE: \$25.00