Division of Corporations'

Page 1 of 1



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(((H13000240835 3)))



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Account Number : 075410002172 Phone : (239)344-1100

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## LLC REGISTERED AGENT CHANGE C. STEWART ESPLANADE, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$25.00

2013 OCT 30 PH 3: 54

OCT 3 1 2019

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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 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. Nai	me of the limited liability company: 🚊	. Stewert Esplanade, LL	c			<b></b>
2. (a)	Principal office address of limited lial (Note: MUST BE STREET ADDR.	oility company: <i>ESS</i> )	1427 Clarkview Road, Suite 500 Baltimore, MD 21209			
(b)	Mailing address of limited liability co		1427 Ctarkview Road, Suite 500 Battimore, MD 21209			<u>-</u>
04/11/201			M120000012034			_
3. Dat	e of filing/registration in Florida	4	. Document number			
5. (a)	Registered Agent and Registered Off	ice shown on th	e records of the Florida Dep	it, of Sta	te:	
	Registered Agent:		David K. Fowler			_
	Registered Office Address:	-	1648 Pertwinkle Way, Suite B Sanibel, FL 33957	No.	<b>2918</b> DC	_
(b)	Enter name of NEW Registered Age	nt and/or NEW	Registered Office address	X III Y	27 30	2000
	NEW Registered Agent:	-	HF Registered Agents, LLC	artes 1 Test	70	
	NEW Registered Office Address: (MUST BE FLORIDA STREET AD	-	1715 Monroe Street	<u>5</u> 5	PH  3	
			Fort Myers	<u> </u>	ال _ا ن	— <del>******</del>
confirm and the liability the mer the ope	mited liability company is not organized that after the change or changes and business office of the registered agent company, it is hereby confirmed that or need to be a supported by the limited liability company rating agreement of the limited liability of a member of authorized representative of a men	e made, the Floi will be identic the change(s) v or as otherwise y company.	rida street address of the reg al. Or, in the case of a Flori vas/were authorized by an af	istered o da limite firmativ	office ed e vote:	of
Mi	chele A. Williams					
	r typed name of signee					
I hereh comply and I at Chaptet address	y accept the appointment as registere, with the provisions of all statutes relam familidr with and accept the obligate 508, F.S. Or, if this document is being her by confirm that the limited liab	d agent and agr tive to the prop ions of my post no filed to mere nility company b	ree to act in this capacity. I er and complete performani tion as registered agent as p ly reflect a change in the re has been notified in writing	further of my provided gistered of this ch	agree to duties, for in office hange.	o
Signature	of segistered Agent Erin E. Houck-To	oll. Vice Pr	esident			
·	Division of Corporations, FIL	P.O. Box 6327 ING FEE: \$25				

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