on the top and bottom of all pages of the document.

(((H19000364826 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 : LEGALINC CORPORATE SERVICES INC.

Account Number : I20188000011 ; (844)386-0178 Fax Number : (214)317-4754

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

Email Address:

## LLC REGISTERED AGENT CHANGE LUCKY'S MARKET OF NAPLES, FL, LLC

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

8:46

Electronic Filing Menu Corporate Filing Menu

Help

DEC 20 2019

M. SOLOMON

, (((H1,9000364826 3)))

## 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.

2. (a)		(	b)		
<b>2</b> . ()	Principal office address of limited liability company		Mailing address of limited hability company (Note: MAY BE POST OFFICE BON)		
	( <i>Note: MUST BE STREET ADDRESS</i> ) 6328 MONARCH PARK PLACE SUITE 100		6328 MONARCH PARK PLACE SUITE 100		
		<del></del>			
	NIWOT, CO 80503		NIWO	T, CO 80503	
	12/30/2014		M15000	0000259	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
•	Registered Agent and Registered Office shown on the records	of the Floo	da Dept of	State.	2013
	CORPORATION SERVICE COMPANY				
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRE.	5.5)	-	330
	1201 HAYS ST.				· / 19
	TALLAHASSEE .	FL 32301	-		70
				<del></del>	$\frac{1}{2}$ $\frac{1}{2}$
(b)					5 <sup>24</sup> =
	Enter name of NEW Registered Agent and/or NEW Register	red Office :	ddress		
	LEGALING CORPORATE SERVICES INC.				
	NEW Registered Office Address				
	5237 SUMMERLIN COMMONS BLVD. SUITE 400	. <u></u>			
	FORT MYERS	<sub>EL</sub> 33907			
		PL			
chang agent was/w	limited liability company is not organized under the corchanges are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of Andrew T. Pillari	the registed I liability of rs of the lithe Imited	red office company, mited liab	e and the business office it is hereby confirmed bility company or as of company.	that the registered that the change(s)
Sion	ature of a member or authorized representative of a member			Printed or typed nam	e of signee
	eby accept the appointment as registered agent and cross of all statutes relative to the proper and completions of my position as registered agent as provingly reflect a change in the registered office address at in writing of this change.	agree to a ete perform ded for in . I hereby	ct in this nance of Chapter confirm t	capacity. I further agi my duties, and I am fai 605, F.S. Or, if this do hat the limited liability	ree to comply with the miliar with and accep ocument is being filed company has been

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

(((H19000364826 3)))