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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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MAR 2 4 2023

CORPORATION SERVICE COMPANY 1201 Hays Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO	. :	120000000	1.95						
REFERENCE	Ξ :	595920	8182938						
AUTHORIZATION	1 :		esan						
COST LIMIT	Γ :	\$ 25.00	,,,,						
ORDER DATE: March 17, 2023									
ORDER TIME : 1:43 PM									
ORDER NO. : 595920-062									
CUSTOMER NO: 8182938									
									
CHANGE OF AGENT									
NAME: STARKE RV RESORT LLC									
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:									
CERTIFIED COPY XX PLAIN STAMPED COPY									
CONTACT PERSON: Eyliena Baker									
I	EXAM	INER'S INIT	IALS:						

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.	Na	une of the limited liability company: STARKE RV RES	SORT	LL	С			
7	(a)	233 S. Wacker Drive		(b)	233 S. W	acker Drive		
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	1	Mailing address of limited li (Note: MAY BE POST C		
		Suite 4700	_		Suite 470	<u> </u>		
		Chicago, IL 60606	_		Chicago,	IL 60606		
		06/10/2016		٨	/16000004	4721		
3.		Date of filing/registration in Florida	4.	_		Document number		
5.	(a)	NRAI SERVICES, INC.						
J.	(4)	Registered Agent and Registered Office shown on the records of the 1200 SOUTH PINE ISLAND ROAD	he Flori	ida l	Dept. of State	<u>-</u> 2:	202	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		-	2023 MAR 23			
		PLANTATION .FL	33324	ļ		-	23 AH 10: 37	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u> Corporation Service Company	Office :	add	ress:	_	1	
	•	NEW Registered Office Address:						
		1201 Hays Street				_		
		Tallahassee FL_	32301			-		
ch ag wa	ange ent v as/we	imited liability company is not organized under the law or changes are made, the Florida street address of the rvill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the F	registe bility (Ethe li	erec con mit	l office and npany, it is sed liability	d the business office of s hereby confirmed that y company or as othery	f the registered t the change(s)	
		/S/ Jill Cilmi	Jil	II C	ilmi, Autho	rized Representative		
	•	ture of a member or authorized representative of a member				Printed or typed name of s	_	
pr the to no	ovisi e obl mere otifiè∢	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address. I have the control of this change	e to a perfori for in ereby	ct ii mar Cl con	n this capa ice of my a napter 605 ifirm that t	acity. I further agree to luties, and I am familio , F.S. Or, if this docum the limited liability con	o comply with to ir with and acc irent is being fil irpany has been	he ept ed
Si		re of Registered Agent						

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