M1800000 2440

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
7				
Special Instructions to Filing Officer:				





600349375856

08/03/20--01008--011 **25.00

FILED
2020 AUG -3 AM IO: OG
SEGRETARY OF STATI

50 09/25/20



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: July 30, 2020

Order#: 359315-002

Re: 1990 N. MCMULLEN BOOTH ROAD, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Meghan Groom

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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.

l. Na	ime of the limited liability company: 1990 N. MCML	ILLEN BOO	OTH ROAD, LLC		
2. (a)	1990 N MCMULLEN BOOTH RD	(b)	(b) 12810 TAMIAMI TRAIL NORTH		
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	. , , =	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) SUITE 200		
	CLEARWATER, FL 33759	_ -	NAPLES, FL 34110		
	03/12/2018	N	M18000002446		
3. 5. (a)	Date of filing/registration in Florida C T CORPORATION SYSTEM	4.	Document number		
. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1200 SOUTH PINE ISLAND ROAD				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	PLANTATION, F	L33324			
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company				
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee , F	L_32301			
hange igent v was/w	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered iability com of the limite e limited liab	I office and the business office of the registered apany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in		
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee		
I here provisi he obi o mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is writing of this change.	e performano	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accep		
Signate	ne of Registered Agent	Grace E. K	Kirby, Asst. VicePresident		

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