M1800000911M

(F	Requestor's Name)		
(,	Address)		
(F	Address)		
(0	City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL	
(E	Business Entity Name)		
	Document Number)		
Certified Copies	Certificates of	Status	
Special Instructions to Filing Officer:			
	•	AUG B 2024	

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	08/07/2024	
Name:	Patrice Rush	
	2407135	
		MYERS II, LLC
☐ Articles	s of Incorporation/Authorization	on to Transact Business
Amend	dment	
Chang	e of Agent	
Reinst	atement	
☐ Conve	rsion	
Merge	Γ	
☐ Dissolu	ution/Withdrawal	
☐ Fictitio	us Name	
Other_		
Authorized Ar	mount:\$25.00	
Signature:	(Past)	

F: 800.944.6607

F: +852.2682.9790



00/07/0004

115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

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Reference #:	2407135	
		MYERS II, LLC
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Amend	dment	
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☐ Merge	er	
☐ Dissol	ution/Withdrawal	
☐ Fictitio	ous Name	
Other_		
Authorized A	mount: \$25.00	
Signature:	(Pall	

F: 800.944.6607

F: +852.2682.9790

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	Name of the limited liability company: OG FT MYERS II, LLC		FT MYERS II, LLC
2. (a)		(b)	
_, ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change		No Change
	9/28/2018		M18000009619
3.	Date of filing/registration in Florida	4.	Document number
5 (-)	OBOS KENNEDY POINT, LLC		
5. (a)	Registered Agent and Registered Office shown on the records of t	he Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)	
	4749 S Washington Ave		
	Titusville, FL	32780	
(b)	Cogency Global Inc.		<u></u>
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	• •
	115 North Calhoun Street, Suite 4	‡	
	NEW Registered Office Address:		
	Tallahassee, FL	32301	
the cha agent v was/we	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered ability compar of the limited l	I office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	/s/ Seth Oliver		Seth Oliver
-	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to merc	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I I d'in writing of this change.	ee to act in th performance d for in Chapt tereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed in that the limited liability company has been
	/s/ Michael Carlisle		

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

Signature of Registered Agent Michael Carlisle, Assistant Secretary

. . . •