

M20 000004050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

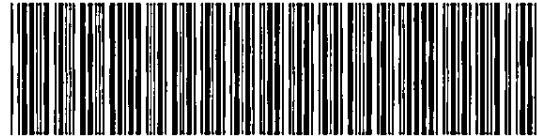
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FL

MAR 10 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** New Registered Agent Address  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicholas Dottore

Name of Person

Canaveral Landing, LLC

Firm/Company

4425 Sheridan Ave.

Address

Cocoa, FL 32926

City/State and Zip Code

sales@canaverallanding.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas Dottore

321 210-0536  
at ( )

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: Canaveral Landing, LLC
2. (a) Canaveral Landing, LLC  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
508 E. 18TH ST.  
Cheyenne, Wyoming 82001
- (b) Canaveral Landing, LLC  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
1712 PIONEER AVE., STE. 285  
CHEYENNE, WY 82001
3. 10/26/2020 Date of filing/registration in Florida
4. M20000004080 Document number
5. (a) Nicholas Dottore  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
641 Loxley Ct., Titusville, FL 32780  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
641 Loxley Ct.  
Titusville, FL 327890
- (b) Nicholas Dottore  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Nicholas Dottore  
NEW Registered Office Address:  
4425 Sheridan Ave.  
Cocoa, FL 32926

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Nicholas Dottore  
Signature of a member or authorized representative of a member

Nicholas Dottore

Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Nicholas Dottore  
Signature of Registered Agent