m21000015859

(Requestor's Name)				
(Address)				
(Address)				
	(City/State/Zip/Phone #)			
PICK-UP	wait Mail			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer.				
	J DEMNIG			
	SEP 2 0 2023			

Office Use Only



100415812311

2023 SEP 19 AM 9: 59

ALLAHASSEE FLORINA

COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT:	PELICAN PROP	ERTY PARTNERS, LLC	
	Name of Lim	nited Liability Company	
Dear Sir or Madam:			
The enclosed Registered A	gent/Registered Office Chan	ge and fee(s) are submitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
N:	ime of Person		
1.0	ane of refson		
COGE	NCY GLOBAL INC.		
Fi	rm/Company		
115 North (Calhoun Street, Suite 4		
	Address	- -	
	assee, FL 32301		
City/S	tate and Zip Code		
dlithwin@	dugganbertsch.com		
	e used for future annual repor	rt notification)	
For further information col	ncerning this matter, please c	ail:	
Name of P	at (erson	Area Code & Daytime Telephone Number	
STREET/COURI		MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327	
2661 Executive Ce	untar Cirola	Tallahassee, Florida 32314	
Tallahassee, Floric		Tandidasee: Frenda 32314	
Enclosed is a chec	k for the following amount	t:	
□ \$25 Filing Fee		☐ \$55 Filing Fee & Certified Copy	
INHS18 (2/14)			

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	nne of the limited liability company:	PELICAN PROPERTY PARTNERS, LLC		
	1098 FISHER LANE	(b)	1098 FISHER LANE	
2. (0)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	WINNETKA, IL 60093		WINNETKA, IL 60093	
	11/24/2021	 	M21000015859	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
	Registered Agent and Registered Office shown on the records of t	he Florida Dep		
	875 109TH AVENUE N.			
	3 SE			
	Suite 302			
	NAPLES FL	3410	MASSEP 19 AM 9: 59 SECRETARY OF STATES	
(b)	Cogency Global Inc.	9.		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addres	<u> </u>	
	115 North Calhoun Street, Suite 4	!		
	NEW Registered Office Address:			
	Tallahassee , FL			
the cha agent was/w	limited 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	vs of the Sta the register ability comp of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in	
	/S/ James M. Duggan		James M. Duggan	
_	iture of a member or authorized representative of a member		Printed or typed name of signee	
provis. the obt to mer	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, 11 d in writing of this change.	ee to act in Performanc I for in Cha wreby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been	
	/S/ Sean Chase			
Signati	ire of Registered Agent			

.