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(Requestor's Name)
(,	Address)
(,	Address)
	Constitute From The constitution
(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
_	
	Business Entity Name)
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- (Document Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	08/07/2024				
Name:	Patrice Rush				
Reference #:	2407135				
	Entity Name: PORTVIEW PLACE, LLC				
Article	es of Incorporation/Authorization	on to Transact Business			
Amen	dment				
Change Ch	ge of Agent				
☐ Reins	tatement				
☐ Conve	ersion				
☐ Merge	er				
☐ Disso	lution/Withdrawal				
Fictition	ous Name				
Other		· · · · · · · · · · · · · · · · · · ·			
Authorized A	mount: \$25.00				
Signature:	(Prestolle				

F: 800.944.6607



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

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	08/07/2024	
Name:	Patrice Rush	
Reference #:_	2407135	<u></u>
	PORTV	IEW PLACE, LLC
☐ Articles	s of Incorporation/Authorizati	on to Transact Business
Amend	lment	
✓ Chang	e of Agent	
Reinsta	atement	
☐ Conve	rsion	
☐ Merger	•	
☐ Dissolu	ution/Withdrawal	
Fictitio	us Name	
Other_		
Authorized Ar	mount: \$25.00	
Signature:	(Past)	

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. 1	Name of the limited liability company:	PORT	PORTVIEW PLACE, 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	
				
•	3/14/2022	- . ———	M22000003826	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	a) Oliver, Kent			
	Registered Agent and Registered Office shown on the records of t	the Florida Dept. of	State:	
	c/o Kennedy Point Yacht Club	<u></u>		
	Registered Office Address (MUST BE FLORIDA STREET A			
	4749 S Washington Ave	4749 S Washington Ave		
	Titusville	32780		
(b	Cogency Global Inc.			
(0)		Enter name of NEW Registered Agent and/or NEW Registered Office address:		
	115 North Calhoun Street, Suite 4	1		
	NEW Registered Office Address:		 . ယ	
	Tallahassee , FL	32301		
the c agent was/	e limited liability company is not organized under the law hange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members or ticles of organization or the operating agreement of the	vs of the State o the registered o ability company, if the limited lial	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company.	
	/s/ Kent Oliver	Kent Oliver		
_	nature of a member or authorized representative of a member		Printed or typed name of signee	
provi the o to me	reby accept the appointment as registered agent and agr isions of all statutes relative to the proper and complete bligations of my position as registered agent as provided erely reflect a change in the registered office address, I h ied in writing of this change.	ee to act in this performance of d for in Chapter iereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been	

/s/ Michael Carlisle

Signature of Registered Agent Michael Carlisle, Assistant Secretary