M23000001878

| (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: |
| nae 10 m |
| - |
| PART-REF "\$10" |

Office Use Only



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R. 2/20/24

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|--|--|
| SUBJECT: CHRE F1 My Name of Limited L | JEK! LLC iability 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: | |
| Stuart ShapIRD Name of Person | _ _ | |
| J.J. TAYLOR COMPANIES INC Firm/Company | <u>. </u> | |
| 655 North AJA Address | | |
| Jupiter, FL 33477 City/State and Zip Code | | |
| E-mail address: (to be used for future annual report noyif | lor.com ication) | |
| For further information concerning this matter, please call: | | |
| Stuart Shapper at (561 Name of Person | 354-2900 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 □ \$5 | 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.

| 1. N | ame of the limited liability company: GARE FT. MYERS, LLC |
|------------------|--|
| 2. (a) | 655 North A1A (b) 655 North A1A |
| () | Principal office address of limited liability company: Mailing address of limited liability company: |
| | (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) |
| | Jupiter, FL 33477 Jupiter, FL 33477 |
| | |
| | |
| | 2/10/2023 M23000001878 |
| 3. | Date of filing/registration in Florida 4. Document number |
| 5. (a) | |
| - ((, | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: |
| | 1200 South Pine Island ROAD |
| | |
| | [[[[[[[[[[[[[[[[[[[|
| | Plantation, FL 33324 |
| | Plantation, FL 33324 |
| (b) | フィル・・・ Ta Kanada 電音 B B D |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered Office address: |
| | ラス グ |
| | 655 North A1A |
| | NEW Registered Office Address: |
| | |
| | - |
| | Jupiter 33477 |
| 10.1 | |
| | limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the e 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) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in |
| the art | icles of organization or the operating agreement of the limited liability company |
| _ | adure of a member or authorized representative of a member Stuart Shapino VII Printed or typed name of signee Transfer |
| Signa | after of a member or authorized representative of a member Printed or typed name of signee |
| I here provis | by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept |
| the ob to mer | ions of all tratutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ally differ a chapte in the registered office address, I hereby confirm that the limited liability company has been |
| notifie | a in writing of this change. |
| Signan | refor Registered Agent |
| 2.5 | |
| | / Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 |

FILING FEE: \$25.00