## M23000007654

(Re	equestor's Name)	
(Ad	ldress)	<del></del>
(Ad	ldress)	
,	,	
(6)		40
(Ch	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
☐ FICK-OF		WAIL
(Bu	isiness Entity Nami	e)
(Do	ocument Number)	
·	•	
Cartified Copies	Cortificator	of Status
Certified Copies	_ Certificates	o: Status
Special Instructions to	Filing Officer:	
		İ

Office Use Only



700434922667

08/29/24--01009--011 \*\*55.00

2024 AUG 29 PM 2: 35

## **COVER LETTER**

Registration Section Division of Corporations

TO:

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and f	ee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the fo	ollowing:			
ROBERT A. DEAN Name of Person  ROBERT A. DEAN CONSI Firm/Company  20072 PALERMO LAKE C	- LLC			
ESTERO FL 33928  City/State and Zip Code  dean.robert.allen  E-mail address: (to be used for future annual report notific	<u>-</u>			
For further information concerning this matter, please call:				
ROBERT A. DEAN at (317) 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	5 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.

	ame of the limited liability company: Robert 1	_	_	•	LC
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)    NDIANAPOLIS IN 46208	(b) <b>2007</b>	2 PALER ailing address of limi (Note: MAY BE PO)  SRO, FL	Mo LAN ted liability compa ST OFFICE BOX	<u>е</u> Ст
3. 5. (a)		4. [	Occument number		
	9565 LISERON DRIVE Registered Office Address (MUST BE FLORIDA STREET ADDRESS FLORIDA STREET	33928		2024 AUG 29 PM	FILED
(b)	Enter name of NEW Registered Agent and/or NEW Registered Of  NEW Registered Office Address:	fice address:		M 2: 35	
		33928			
change agent v was/we the arti	limited liability company is not organized under the laws of or changes are made, the Florida street address of the requilible identical. Or, in the case of a Florida limited liabilities adhorized by an affirmative vote of the members of the injects of organization or the operating agreement of the limited of a member or authorized representative of a member	gistered office and ity company, it is l he limited liability	the business offic hereby confirmed company or as of pany.	e of the registe that the change herwise provide	red e(s)
provisi the obl to mera notified	eby accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete per ligations of my position as registered agent as provided for refer to change in the registered office address, I here a myriting of this change.	to act in this capac formance of my di or in Chapter 605, eby confirm that th	city. I further agr dies, and I am far F.S. Or, if this do se limited liability	ee to comply w niliar with and ocument is bein company has t	ith the accept g filed seen

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