## M230000 11267

(Requestor's Name	е)				
(Address)	201				
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(City/State/Zip/Pho	ne #)				
PICK-UP WAIT	MAIL				
(Business Entity N	ame)				
(Document Number)					
Certified Copies Certificat	es of Status				
Special Instructions to Filing Officer:					





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2024 MAR 22 AH II: 57 SEGRETABY SESTATE

## COVER LETTER

TO: Registration Section Division of Corporations				
1205 Rice Road I LLC SUBJECT:				
	Name of Limited I	Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Register	ed Office Change and	I fee(s) are submitted for filing.		
Please return all correspondence concer-	ning this matter to the	following:		
Brenda LaLoggia				
Name of Person	1	<del></del>		
Woods Oviatt Gilman LLP				
Firm/Company				
1900 Bausch and Lomb Place			2024 SEC	
Address			2024 HAR 22 SECRETAR TALLAHA	
Rochester, New York 14604			7	
City/State and Zip (	Code		AH II: 57 GF STATE SSEE, FL	·
ejones@lefrois.com				1
E-mail address: (to be used for futu	ire annual report notif	lication)	rn ~	1
For further information concerning this	natter, please call:			
Brenda LaLoggia	585 at (	987-2899		
Name of Person		Area Code & Daytime Telepl	hone 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, St Tallahassee, FL 32303		
Enclosed is a check for the foll	owing amount:			
□ \$25 Filing Fee	<b>S S</b>	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.	Ni	ame of the limited liability company: 1205 Rice Road I	LLC						
2.	(a)			(b)					
	. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		()	1	Mailing address of limite (Note: MAY BE POS			:
		230 Middle Road			PO Box 28	30			
		Henrietta, New York 14467	_		Henrietta.	New York 14467			
		August 28, 2023		,	/123000011	267			
3.		Date of filing/registration in Florida	4.	_		Document number			
5.	ta)	Capitol Corporate Services, Inc.							
· (··,	. ,	Registered Agent and Registered Office shown on the records of 515 East Park Avenue, 2nd Floor  Registered Office Address (MUST BE FLORIDA STREET)			Dept. of State	- e: -			
							بالا سائت	202	
		Tallahussee, FL	32301			-	CRET	1024 HAR 22	: 200 
(b)	(b)	Central Florida Development LLC				_	ARY OF MASSE		
		Enter name of NEW Registered Agent and/or NEW Registered	Office	<u>add</u>	ress:		MO MO		7
		300 Eagles Landing Drive				_		MH II: 5⊺	िका
		NEW Registered Office Address:					1:1	7	
		Lakeland, FL				-			
char ager was	ige it w /wc	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of less of preanization or the operating agreement of the	registe bility f the li	ered con imit	office and pany, it is ed liability	I the business office hereby confirmed the company or as other	of the reg	istered ange(s)	l )
		Don 1-7	R	icha	rd R. LeFro	ois, Authorized Repres	enative		
		of a member or authorized representative of a member				Printed or typed name of	-		
			Richa	rd I	l. LeFrois.	city. I further agree luties, and I am jami F.S. Or, if this doc he limited liability co , on behalf of relopment LLC	e to compl liar with ument is t ompany h	y with and acc peing fi as beer	the cept iled n

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