M98UUUU0717

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT . MAIL
PICK-UP WAIT . MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.
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12 DEC 26 PM 3: 02
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

COVER LETTER

Division of Corporations
SUBJECT: 2480 LOKEVIEW Drive, LLC Name of Limited Liability 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:
Alex W. Nicholson III Name of Person Name of Person
A & N Realty Firm/Company
2580 Mald of the Lane
Naples FL 34112 City/State and Zip Code
AWNICHOLSON & CONCOUNT. NET E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alex Microbon at (239) 793-7555 Name of Person at (239) Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

□ \$55 Filing Fee & Certified Copy

Tallahassee, Florida 32301

\$25 Filing Fee

Enclosed is a check for the following amount:

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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.

agent, or both, in the State of Florida.		
1. Name of the limited liability company:	Lakeview Drive, LLC	
2. (a) Principal office address of limited liability compar (<i>Note: MUST BE STREET ADDRESS</i>)	Naples, FL 34112	
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Maples +L 34112	
3. Date of filing/registration in Florida	M 9 8 000000 717 4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:	
Registered Agent:	Cook, David Esq.	
Registered Office Address: .	BODITO Spring FL 34135-	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:		
<u>NEW</u> Registered Agent:	Alex W Michobon III	
NEW Registered Office Address: [MUST BE FLORIDA STREET ADDRESS]	2580 Wild Pines Lan	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change(sthe members of the limited liability company or as otherwise agerating agreement of the limited liability company. Signature of a member of authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pland I am familiar with and accept the obligations of my propagate to the provisions of the complex confirms that the limited liability company address, I hereby confirm that the limited liability company	Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote of vise provided in the articles of organization or	
Signature of Registered Agent		

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