MONARCH PROPERTIES II, LLC						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business Mailing Address 9240 BONITA BEACH ROAD. SUITE 1101 9240 BONITA BEACH ROAD BONITA SPRINGS FL 34135 BONITA SPRINGS FL 3413						00 FEB 14 PM12	<u>?</u> : 19		
Principal Place of Business 3. Mailing Address									
Suite, Apt.	· ·		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. FEI Number Applied For			
						59-3573714	4 📑	Not Applicable	; <u>†</u>
Zip	Country	Zip 	Coun	itry		tificate of Status Desired	\$5.00 A Fee Requ	idditional ired	
	6. Name and Address of Curre	ent Registered Agent		Name	7." Nan	ne and Address of New F	legistered Agent		\dashv
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				<u> </u>	et Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324				City	City FL Zip Code				
. The above	named entity submits this statemen	t for the purpose of changing its	s registere	d office or	registered agent,	or both, in the State of Flo	· ·		-
GNATURE .									
·	Signature, typed or printed name of registered ag	ent and title if applicable. (NO	TE: Registere	d Agent signati	ure required when reinsta	iting)	DATE		4
		FLE N Make Check P		FEE IS \$ o Depart					
).	MANAGING ME	MBERS/MEMBERS	10.			ADDITIONS	/CHANGES		╛
ITLE Ame Treet address ITY-81-Zip	MGR ELKINS, ROBERT N 9240 BONITA BEACH ROAD, SUITE 1101 BONITA SPRINGS FL 34135				Member Monarci 9240 E Bonita	Manager Advisory G Bonita Beau Springs, 1	irap, u. 2 change 1 Pd #110 FL 3415	Addition	- CR2E083 (9/99)
ITLE AME TREET ADDRESS ITY-ST-ZIP	MGR POOLE, JOHN B 9240 BONITA BEACH ROAD,	SUITE 1101	TITLI NAM Stre	E		f 2/23/00	☐ Chango		CRZ
ITLE AME TREET ADDRESS ITY-81-ZIP	BONITA SPRINGS FL 34135 MGR LISTMAN, DOUGLAS 9240 BONITA BEACH ROAD, BONITA SPRINGS FL 34135	SUITE 1101	TITLI Mam Stre	E	() - 800003	Change	 0	
ITLE AME Treet Address ITY-81-ZIP	MGR AUMAN, MATTHEW			E IE ET ADDRESS • \$T-ZIP				<u>55∏@mo</u>	
TILE AME TREET ADDRESS	Solution of Edition 12 Office	□ Delecta					Change	Addition	
ITY-8T-ZIP ITLE Ame Treet Address		☐ Delicts	TITLI	E			Change	Addition	-
TY-ST-ZIP	ertify that the information supplied v	with this filing does not qualify fo		•st-zip mption stat	ed in Section 119	.07(3)(i), Florida Statutes.	I further certify that the	information	-

Indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

GNATURE:

217/00 410-884-436

217/00 410.884-4367

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #