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| (Requestor's Name) (Address) (Address) | 800436461838 | | | |
| (City/State/Zip/Phone #) | 03-(3/2+++01)):t=+t41**35.t0 | | | |
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 20, 2024

AF LIONS, LLC 3030 RENIASSANCE CT NAPLES, FL 34119

SUBJECT: AF LIONS, LLC Ref. Number: L21000086796

We have received your document for AF LIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN Regulatory Specialist II

Letter Number: 324A00021163

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COVER LETTER

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TO: Amendment Section Division of Corporations

SUBJECT: Radio Road Commercial Park Condominium Association, Inc. Name of Corporation

DOCUMENT NUMBER: N0000000106

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

| Anthony Erace | | |
|--|-----------|--------------|
| Name of Contact Person | | |
| AF Lions, LLC | 2024 NOV | |
| Firm/Company | | -77 |
| 2338 Immokalee Rd STE 257 | | 5.5 |
| Address | 26 HAS | j |
| Naples, FI 34110 | တင် စာ | m |
| City/State and Zip Code | | \mathbf{O} |
| Anthony.AFLionsLLC@gmail.com | FEA C | |
| E-mail address: (to be used for future annual report notification) | | |

For further information concerning this matter, please call:

| Anthony Erace | at (³¹³ |) ⁷⁰¹⁻⁷⁸⁷³ |
|------------------------|---------------------|----------------------------|
| Name of Contact Person | Area Code | & Daytime Telephone Number |

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of the corporation: RADIO ROAD COMMERCIAL PARK CONDOMINIUM ASSOCIATION, INC.

2. The principal office address: 4776 RADIO RD.NAPLES. FL 34104

| | address (if different): 2338 Immokalee Rd STE 257 NAPLES, FL 34110 rporation/qualification: 12/30/1999 Document number: N0000000 | 0106 | |
|----------------------------|--|-----------------------|--|
| 5. The name a | nd street address of the current registered agent and registered office on file wit artment of State: (If resigned, enter resigned) | the | |
| | KERSEY QUADE PROPERTY MANAGEMENT | 2024 NOV 2 | ****** |
| | 4766 RADIO RD.NAPLES, FL 34104 | DV 26 | n Contraction Cont |
| | |) | |
| 6. The name a (if changed) | nd street address of the new registered agent (if changed) and /or registered of | ि अस्ति 1 5: 01 | O |
| | AF Lions, LLC | | |
| | 2338 Immokalee Rd STE 257 | | |
| | P.O. Box NOT acceptable | | |
| | Naples, FI 34110 | | |

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

n officer or director Signature of

Bruce Sickles Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

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Signature of Registered Agent

If signing on behalf of an entity:

Typed or Printed Name

* * * FILING FEE: \$35.00 * * *