123000257345

(Requestor's Name)						
(Address)						
(Address)						
(1881,888)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(5)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer.						

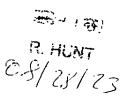
Office Use Only



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COVER LETTER

	istration Section ision of Corporations		
SUBJECT:	19564 Utopia LLC		
	Nam	e of Limited	Liability Company
Dear Sir or I	Madam:		
The enclose	d Registered Agent/Registered Offi	ce Change a	nd fee(s) are submitted for filing.
Please return	n all correspondence concerning thi	s matter to th	ne following:
Gregory Szo	t		
	Name of Person		
Wollman, Ge	ehrke & Associates, P.A.		
	Firm/Company		
2235 Venetia	an Court, Suite 5		
	Address		-
Naples, Flori	ida 34105		
	City/State and Zip Code		
gszot@wga-			
E-mail	address: (to be used for future ann	ual report no	tification)
For further i	information concerning this matter,	please call:	
Gregory Szo	t	239 at (435-1533
	Name of Person		Area Code & Daytime Telephone Number
	iling Address:		Street Address:
-	gistration Section		Registration Section
	rision of Corporations		Division of Corporations
	D. Box 6327		The Centre of Tallahassee
ı aı	lahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	closed is a check for the following	amount:	
= s	325 Filing Fee		\$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. N	ame of the limited liability company:	LC		
2. (a)			(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	·		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	19564 Utopia Lane		19564 Uto	pia Lane
	Estero, FL 33928		Estero, FL	. 33928
	5/25/2023		L23000257	345
3.	Date of filing/registration in Florida	4.		Document number
5 (a)				
5. (a)	Registered Agent and Registered Office shown on the records of	f the Flor	ida Dept. of Stat	- €:
	Douglas Diani			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRI	ESS)	_
	19564 Utopia Lane			_
	Estero, F	L33928		202
				ZOZO AUG
(b)				- 2 ବୃଥିବ ୧ କୃତ୍ୟ
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	<u>a Office</u>	address:	en e
	David R. Pash			P#12:40
	NEW Registered Office Address:			
	2235 Venetian Court, Suite 5			0 :
	Naples F	L_34105	5	
chang agent was/w the art Signal I here provis the obto mer	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ature of a member or authorized representative of a member of the vaccept the appointment as registered agent and agricultures of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I writing of this change	e regist iability of the l e limite	ered office an company, it i imited liability con louglas Diani	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in npany. Printed or typed name of signee acity. I further agree to comply with the duties, and I am lamiliar with and accept
I here provis the ob to mer no tifie	eby accept the appointment as registered agent and ag tions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I	e nerfoi	mance of my	acity. I further agree to comply wi duties, and I am familiar with and