

L14000120153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

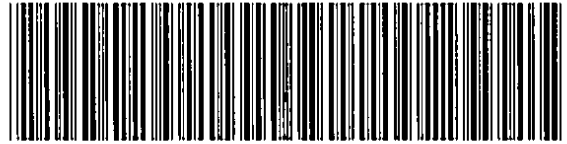
(Business Entity Name)

(Document Number)

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FILED
18 AUG 17 PM 4:30
TALLAHASSEE, FLORIDA

AUG 24 2018
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PURE LIFE PROPERTY MANAGEMENT, 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:

SHANE NORTHROP, CPA

Name of Person

NORTHROP FINANCIAL GROUP, LLC

Firm/Company

13700 SIX MILE CYPRESS PKWY STE 2

Address

FORT MYERS, FL 33912

City/State and Zip Code

SHANE@NORTHROPFINANCIAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SHANE NORTHROP, CPA at (239) 271-2488

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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18 AUG 17 PM 4:30
TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: PURE LIFE PROPERTY MANAGEMENT, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

15675 MARCELLO CIR

15675 MARCELLO CIR

NAPLES, FL 34110

NAPLES, FL 34110

08/15/2018

L14000120153

3. Date of filing/registration in Florida 4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

UNITED STATES CORPORATION AGENTS, INC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

13302 WINDING OAK CT

TAMPA, FL 33612

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18 AUG 17 PM 4:30
TALLAHASSEE, FLORIDA

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NORTHROP FINANCIAL GROUP, LLC

NEW Registered Office Address:

13700 SIX MILE CYPRESS PKWY STE 2

FORT MYERS, FL 33912

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Heather Burt

Signature of a member or authorized representative of a member

HEATHER BURT

Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Heather Burt
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00