

L20000368001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

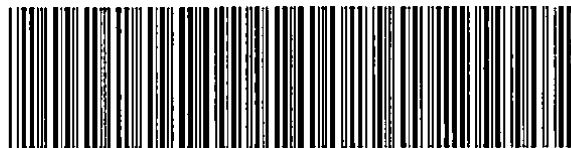
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J DENNIS

JUL 27 2023

Office Use Only



400409106284

05/30/23--01013--018 **25.00

FILED
SECRETARY OF STATE
OFFICE OF CORPORATIONS
2023 MAY 30 PM 2:46

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Naples Assisted Living Facility, 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:

Ellen Phillips
Name of Person

BusinessRegistration.org
Firm/Company

1117 N Milwaukee Ave Ste B11
Address

Libertyville, IL 60069
City/State and Zip Code

support@businessregistration.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ellen Phillips at (312) 479 5061
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

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.

Naples Assisted Living Facility,

1. Name of the limited liability company: _____

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)

7801 Airport Pulling Rd N
Naples, FL 34109

Same

12/3/2020

L20000368001

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

5. (a) V CORP Services Inc

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 S Pine Island Rd

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Plantation FL 33424

_____, FL _____

Registered Agents Inc

(b) _____

Enter name of NEW Registered Agent and/or NEW Registered Office address:

7901 4th St N

NEW Registered Office Address:

STE 300

St. Petersburg _____, FL _____ 33702

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 2023 MAY 30 PM 2:46

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.

Fredrick Frankel ESQ

Signature of a member or authorized representative of a member

Frederick Frankel ESQ

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.

David Roberts

David Roberts - Assistant Secretary

Signature of Registered Agent