## 8P510000080N

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Dc	ocument Number)	
(30	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	<del> </del>	

Office Use Only

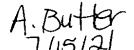


700361628357

03/23/21--01092--022 \*\*55.00

RECEIVED
MAR 2.2 2021

2021 MAR 23 PH 1: 37 SECRETARY OF STATE



## **COVER LETTER**

TO:

Amendment Section Division of Corporations

2021 JUN 28 AM 8: 10

SUBJECT: 12663 Metro Parkway Unit B. Fort. Myers, FL 33966 Name of Corporation

DOCUMENT NUMBER: 20800001298

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:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: 12663 Metro Parkway last B toxt Myers, FL
2. The principal office address: 17663 Motor Tark in 180F STATE 66  Ft. Myors, FL 33966
3. The mailing address (if different): 8 ad Oak Tive North, PaluCoast, FL
4. Date of incorporation/qualification: 02/07/2008 Document number 10800001798 3213
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
Kesigned
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Palm Coast, FL 32137
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.
Signature of an officer or director  Printed or typed name airtifile  NOT
I hercby 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.
Signature of Registered Agent  O6 / Z3 / ZO Z  Date
If signing on behalf of an entity:
Typed or Printed Name  * * * FILLING FEE: \$35.00 * * * (Presidently Sext (\$55))
+++ ELLING EFF. 535 00 +++ () red (QUALLY SON)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)