## L05000051369

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PICK-UP	WAIT	MAIL		
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## **COVER LETTER**

Division of Corporations		
Robert Stalvey Enterprises, LLC SUBJECT:		
	nited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Thomas M. Tarsia, Esq.		
Name of Person		
Jones, Haber & Rollings		
Firm/Company		
1633 SE 47th Terrace		
Address	<del></del>	
Cape Coral, FL 33904		
City/State and Zip Code	<del></del>	
tarsia@joneshaberlaw.com		
E-mail address: (to be used for future annual report	rt notification)	
For further information concerning this matter, please c	all:	
Sharon Cirillo 2.	39 542-0700	
Name of Person	Area Code & Daytime Telephone Number	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount	<b>!:</b>	
■ \$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.

1. N	ame of the limited liability company:  Robert Stalvey E	Interprises, LLC	,
2. (a)		(b)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del>_</del>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
			L05000051369
3.	Date of filing/registration in Florida	4.	Document number
5. (a	McGuire Law, P.A.		
	Registered Agent and Registered Office shown on the records of	the Florida Dept	. of State:
	12670 New Brittany Blvd., Suite 101		s <b>2</b>
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	2022 HAY SECRED TALLA
	Fort Myers , FI	L	HAS TO
(b)	Thomas M. Tarsia, Esq.		SSEE F
(-)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address	
	Jones, Haber and Rollings		
	NEW Registered Office Address:		
	1633 SE 47th Terrace		<del></del>
	Cape Coral , FI	L	·
chang agent was/w	limited liability company is not organized under the large 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 of icles of organization or the operating agreement of the	registered of ability compa- of the limited limited liabili	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Sign	ature of a member of authorized representative of a member	<del></del>	Printed or typed name of signee
nonjie	thy accept the appointment as registered agent and agricons 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 are of Registered Agent	ree to act in th performance d for in Chapt hereby confirt	nis capacity. I further agree to comply with the of my duties, and I am familiar with and accept wer 605, F.S. Or, if this document is being filed in that the limited liability company has been