

L06 0000005822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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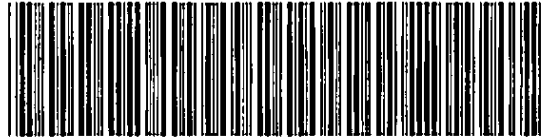
(Business Entity Name)

(Document Number)

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2021 JUL 15 PM 6:25
CLERK OF COURT
JUL 15 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DYNAMIC ASSISTED LIVING BROKERAGE 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:

JULIE GYTTALE

Name of Person

DYNAMIC ASSISTED LIVING BROKERAGE LLC

Firm/Company

1582 COPELAND RD

Address

SHILOH GA 31826

City/State and Zip Code

JULESGVITALE@GMAIL.COM

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

For further information concerning this matter, please call:

JULIE GYTALE at (239) 229-9571

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:

📄 \$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. Name of the limited liability company: DYNAMIC ASSISTED LIVING BROKERAGE 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)

10676 Colonial Blvd

1582 COPELAND RD

Ste 30 #506

SHILOH GA 31826

FORT MYERS FL 33913

1.06000005822

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

5. (a) GVITALE, JULIE

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2511 SE 20TH AVE

CAPE CORAL, FL 33904

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

Julie G Vitale

NEW Registered Office Address:

10676 Colonial Blvd Ste 30 #506

FORT MYERS, FL 33913

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.

Julie G Vitale

Signature of a member or authorized representative of a member

JULIE GVITALE MGRM

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.

Julie G Vitale

Signature of Registered Agent

2021 JUN 15 PM 6:25
RECEIVED
SECRETARY OF STATE