## 10000021901

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TALLAHASSEE.FLORID

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**EXAMINER** 

## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporations	•	
SUBJECT: LegalEyes, LLC (Name	e of Limited Liability Company)	0
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing	
Please return all correspondence concerning	ng this matter to the following:	·
·		
Susan Turcotte		
(Name of Person)		
LegaiEyes, LLC		
(Firm/Company)	· ·	
42024 Tourne Lake Drive Suite A	•	
12221 Towne Lake Drive, Suite A (Address)	······································	
. (,	TAL AL	26 SE
Fort Myers, FL 33913	· .	S = 11
(City/State and Zip Code)	च्य च	SECRETARY SECRETARY
For further information concerning this ma	atter, please call:	PH 1: 10
Susan Turcotte	at ( <u>401</u> ) <u>323-0755</u>	
(Name of Person)	(Area Code & Daytime Telephone Numb	er)
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 follow	ing amount:	·
	☐ \$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 608.416 or 608.508, 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.

	, <b>#</b> *
1. Name of the limited liability company: <u>LegalEyes</u>	s, LLC
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	any: 12221 Towne Lake Drive, Suite A Fort Myers FL 33913
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	12221 Towne Lake Drive. Suite A Fort Myers FL 33913
03/01/06	L06000021901
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown o	on the records of the Florida Dept. of State:
Registered Agent:	Susan Turcotte
Registered Office Address:	11920 Fairway Lakes Dr., #2 Fort Myers, FL 33913
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:
NEW Registered Agent:	Susan Turcotte
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	12221 Towne Lake Drive, Suite
If the limited liability company is not organized under the that after the change or changes are made, the Florida stroffice of the registered agent will be identical. Or, in the hereby confirmed that the change(s) was/were authorized liability company or as otherwise provided in the articles limited liability company  (Signature of a member or authorized representative of a member)	ne laws of the State of Florida, it is hereby confirmed reet address of the registered office and the business case of a Florida limited liability company; it is
Susan Turcotte (Printed or typed name of signee)	<del></del>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p am familiar with and accept the obligations of my position F.S. Or, if this document is being filed to merely reflect of confirm that the limited liability company has been notifi	l agree to act in this capacity. I further agree to proper and complete performance of my duties, and on as registered agent as provided for in Chapter 60 a change in the registered office address, I hereby ied in writing of this change.
(Signature of Registered Agent)	

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Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00