

LD9000058696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

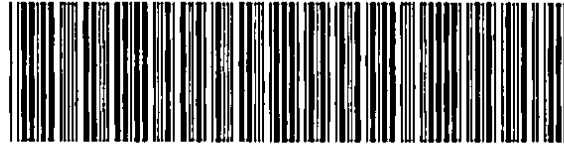
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FL

RECEIVED
FEB 25 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 8558, 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:

Hal Adams

Name of Person

Hal Adams Attorney

Firm/Company

500 Summerlin Road, C2/480

Address

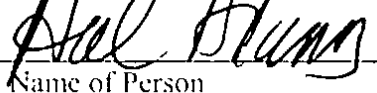
Fort Myers, FL 33917

City/State and Zip Code

@mhalawgroup.com

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

For further information concerning this matter, please call:

Hal Adams  at (239) 247-1938

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.

Name of the limited liability company: S558, LLC

(a) 164 Venice Palms Blvd. (b) 164 Venice Palms Blvd.

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Venice, FL 33922

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Venice, FL 33922

01/18/20

Date of filing/registration in Florida

4.

L09000058696

Document number

(a) June 15, 2009

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

Thomas C. Liber

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

164 Venice Palms Blvd.

Venice, FL 33992

(b) Hal Adams

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

Hal Adams

NEW Registered Office Address:

4600 Summerlin Road, C2/480

Fort Myers, FL 33917

FILED
2021 JAN 19 PM 1:00
TALLAHASSEE, FL
DIVISION OF STATE

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 it will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
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.

Hal Adams
Signature of a member or authorized representative of a member

Hal Adams

Printed or typed name of signer

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
merely to reflect a change in the registered office address, I hereby confirm that the limited liability company has been
informed in writing of this change.

Hal Adams
Signature of Registered Agent