## L1000024639

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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## **COVER LETTER**

TO; Registration Section

INHS18 (2/14)

Division of Corporations				
SUBJECT: FM COMMUNICATION OF CO	JECT: FM COMMUNICATION OF COLLIER LLC  Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office C	Thange and fee(s) are submitted for filing.			
Please return all correspondence concerning this ma	atter to the following:			
VIRGINIA MENDEZ				
Name of Person				
FM COMMUNICATION OF COLLIER LLC				
Firm/Company	<del></del>			
3610 WHITE BLVD				
Address				
NAPLES, FL 34117				
City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·			
1019rr@gmail.com				
E-mail address: (to be used for future annual)	report notification)			
For further information concerning this matter, plea	ise call:			
Fortino Mendez	239 404-3282			
Name of Person	Area Code & Daytime Telephone Number			
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 Tallabassec, Florida 32314			
Enclosed is a check for the following amount	ount:			
<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.

l. Na	ame of the limited liability company: FM COMMU	NICATION (	OF COLLIER LLC
2. (a)	FM COMMUNICATION OF COLLIER LLC	(b) FM	COMMUNICATION OF COLLIER LLC
·· (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3610 WHITE BLVD	36	10 WHITE BVLD
	NAPLES, FL 34117	NA.	PLES, FL 34117
	04/16/2018	L:0	000024639
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	MENDEZ, FORTINO		
, (u)	Registered Agent and Registered Office shown on the records of	f the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	3610 WHITE BLVD	•	
	NAPLES	34117	FILED JUL 25 A
			F. F. OR
(b)	Enter name of NEW Registered Agent and/or NEW Registered	4.00544	HIO 59
	Enter name of NEW Registered Agent and/or NEW Registere	u Omre adaress.	P 00
	VIRGINIA MENDEZ		
	NEW Registered Office Address:		<del></del>
	3610 WHITE BLVD		
	NAPLES . FI	L 34117	
he cha igent v vas/we he arti	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the registered iability compar of the limited l	forfice and the business office of the registered in it is hereby confirmed that the change(s) iability company or as otherwise provided in
	7		
provisi he obl o mere	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	e performance	of my duties, and I am familiar with and accept
Signatu	re of Registered Agent		