## 113000025725

(Requestor's Name)					
(Address)					
(Ad	ldress)				
(Cit	:y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
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## **COVER LETTER**

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	stration Section ion of Corporations				
SUBJECT:	1525 HENDRY STREET L	.LC			
SOBJECT:	Name of	f Limited Lia	bility Company		
Dear Sir or M	ladam:				
The enclosed	Registered Agent/Registered Office C	Change and t	ec(s) are submitted for filing.		
Please return	all correspondence concerning this m	atter to the f	following:		
RICHARD	KING				
	Name of Person		_		
CPSWFL					
	Firm/Company		_		
5220 SUMI	MERLIN COMMONS BLVD #50	00		•	٠,٠
	Address		_	19 [	
FORT MYE	ERS, FL 33907			APR 22	はくのおば どってごき
	City/State and Zip Code		_	<del>دد.</del> در	7
rking@cps	wfl.com			₹ 8:	
E-mail a	address: (to be used for future annual	report notifi	cation)	19	
For further in	nformation concerning this matter, ple	ase call:			
Tamm	ny Cassin	239 at (	675-3227		
	Name of Person	( <u></u>	Area Code & Daytime Telephone Number	er	
Regis Divis Clifto	EET/COURIER ADDRESS: stration Section sion of Corporations on Building	Reg Div P.C	AILING ADDRESS: gistration Section rision of Corporations 9. Box 6327		
2661	Executive Center Circle	Tal	lahassee, Florida 32314		

□ \$55 Filing Fee & Certified Copy

Tallahassee, Florida 32301

☑ \$25 Filing Fee

Enclosed is a check for the following amount:

## 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:	1525 HENDRY STREET LLC				
2. (1	2818 MICHIGAN AVE		<u>"</u>	C/O CPSWFL		
•	Principal office address of limited list (Vers: MUST BE STABET AL FORT MYERS FL 33907		_ (0	Mailing address of limited liability company: (Nets: MAY BE POST OFFICE BOX) 5220 SUMMERLIN COMMONS BLVD		
			-	FORT MYERS FL 33907	<del></del>	
	February 19, 2013			L13000025725		
3. 5. (	Date of filing/registration in FLORIDA REGISTERED AGE!		4.	Document number	<del></del>	
(	Registered Agent and Registered Office shows 2975 BEE RIDGE ROAD	on the records of the	: Plorida	Dept. of State:		
	Registered Office Address (MUST BE PL. SUITE C3	ORIDA STREET AL	DRESS	<u>a</u>		
	SARASOTA	.FL <sup>3</sup>	4239			
<b>(</b> b	RICHARD KING					X (5)
	Enter name of NEW Registered Agent and/or	NKW Registered O	ffice add	dress:	-0	$\overline{\mathbb{C}}$
	C/O CPSWFL		_		R 22	्र
	NEW Registered Office Address:	-			75	Ì
	5220 SUMMERLIN COMMONS	S BLVD #500			1	
	FORT MYERS	, FL 3	3907		61 :9	CORPORATION.
agent wash the au Sign I her provi the oit to me notifi	will be identical. Or, in the case of a Florida Florid	orida limited liabi the members of the preement of the line	ic regist ility con the limit mited lia	State of Florids, it is hereby confirmed that after stered office and the business office of the register mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided itability company.  Finted or typed name of signee in this capacity. I further agree to comply with ance of my duties, and I am familiar with and acchapter 605, F.S. Or, if this document is being finfirm that the limited liability company has been	n n	
Sign	ture of Registered Agent					

Division of Corporationse P.O. Box 6327e Tailshassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)