

L14000181638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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18 MAR 19 AM 10:43

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18 MAR 19 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

MAR 20 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 119563 4311863
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : March 15, 2018
ORDER TIME : 9:44 AM
ORDER NO. : 119563-005
CUSTOMER NO: 4311863

CHANGE OF AGENT

NAME: PROFILE 4 MEN, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROFILE 4 MEN, 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at (_____) _____

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
Tallahassee, Florida 32314

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: PROFILE 4 MEN, LLC

2. (a) 800 Vanderbilt Beach Road (b) 800 Vanderbilt Beach Road
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Naples, FL 34108 Naples, FL 34108

3. 11/24/2014 4. L14000181638
Date of filing/registration in Florida Document number

5. (a) SALVATORI WOOD BUCKEL CARMICHAEL & LOTTES
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

9132 STRADA PLACE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
FOURTH FLOOR
NAPLES, FL 34108

(b) Corporation Service Company
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1201 Hays Street
NEW Registered Office Address:
Tallahassee, FL 32301

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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.

/s/Charlie Adams CHARLIE ADAMS, AUTHORIZED REP
Signature of a member or authorized representative of a member 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.

Roxanne Turner BY: Roxanne Turner
Signature of Registered Agent Corporation Service Company Asst. Vice President

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