

L14000184770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2018 MAY 22 PM 1:33  
SEALING UNIT  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 30, 2018

KENT J EIRCKSON  
5740 BROOKLYN BLVD STE 100  
BROOKLYN CENTER, MN 55429 US

SUBJECT: FLORIDA CONSULTANT AND INVESTMENTS LLC  
Ref. Number: L14000184770

We have received your document for FLORIDA CONSULTANT AND INVESTMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett  
Regulatory Specialist II  
Registration Section

Letter Number: 718A00008811

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Florida Consultant and Investments 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:

Kent J. Eirckson  
Name of Person

Brookdale Health  
Firm/Company

5740 Brooklyn Blvd Ste 100  
Address

Brooklyn Center MN 55429  
City/State and Zip Code

kjerickson@brookdalehealth.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthea Johnson at ( 763 ) 561-4045  
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  
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: Florida Consultant and Investments LLC

2. (a) 27530 Ridge Lake Court

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Bonita Springs FL 34134

(b) 5740 Brooklyn Blvd Ste 100

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Brooklyn Center MN 55429

04/11/2018

3. Date of filing/registration in Florida

L14000184770

4. 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 Stranda Place

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Fourth Floor

Naples, FL 34109

(b) Wood Buckel & Carmichael

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

2150 Goodlette Road North

NEW Registered Office Address:

Sixth Floor

Naples, FL 34102

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TALLAHASSEE, FLORIDA

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.

[Signature]  
Signature of a member or authorized representative of a member

Kent J. Erickson

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 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.*

[Signature]  
Signature of Registered Agent

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