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(Re	equestor's Name)					
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- (City/State/Zip/Phone #)						
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. Certified Copies Certificates of Status						
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HOOPER HATHAWAY, P.C.

ATTORNEYS AT LAW
126 SOUTH MAIN STREET
ANN ARBOR, MICHIGAN 48104-1945

(734) 662-4426

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JOSEPH C. HOOPER 1899-1980

JOHN R. HATHAWAY 1929-2001

JAMES E. EVASHEVSKI OF COUNSEL

August 18, 2015

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

JAMES R. BEUCHE

Re: Change of Registered/Office Agent Forms (5)

Dear Madam or Sir:

Please find enclosed five (5) STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY for five Florida Limited Liability Companies, along with a check for \$125.00 to cover the filing fees.

Please contact the undersigned regarding any questions to the enclosures.

Very truly yours,

Christine Nichols

Christine Nichols Legal Assistant to James R. Beuche

Enclosures

COVER LETTER

то:	Registration Section Division of Corporations							
SUBJI	ECT: EO-FORT MYERS, LLC							
	Name of Limited Liability Company							
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Off	ice Change and fe	ee(s) are submitted for filing.					
Please	return all correspondence concerning th	is matter to the fo	ollowing:					
Jame	es R. Beuche							
	Name of Person	 .	-					
Ноор	er Hathaway, P.C.							
	Firm/Company		_					
126 5	S. Main Street							
	Address							
Ann A	Arbor, MI 48104							
	City/State and Zip Code							
cnich	ols@hh-pc.com							
E	-mail address: (to be used for future ann	ual report notific	ation)					
For fur	ther information concerning this matter,	please call:						
Chris	tine Nichols	at (662-4426					
	Name of Person		Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS:	MA	ILING ADDRESS:					
	Registration Section	•	stration Section					
	Division of Corporations		sion of Corporations					
	Clifton Building		Box 6327					
	2661 Executive Center Circle Tallahassee, Florida 32301	Talla	ahassee, Florida 32314					
Enclosed is a check for the following amount:								
	☑ \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy					

INHS18 (2/14)

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

2. (a)	605 S. Main Street, Suite 2	(b) 605	(b) 605 S. Main Street, Suite 2					
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
	Ann Arbor, MI 48104	Anr	n Arbor, MI 48104					
	07/24/2015	L150	000126639					
3.	Date of filing/registration in Florida	4.	Document number					
5. (a)	Michael C. Gibbons							
J. (u)	Registered Agent and Registered Office shown on the records of	f the Florida Dept.	of State:					
	21775 Sound Way							
	Registered Office Address (MUST BE FLORIDA STREET							
	Unit 102			p• .	ير ري			
	Estero , F	_L 33928		- 40 100	51 AUG	ï		
(b)	Michael C. Gibbons			ASSE SSE	24	etra julipi		
()	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:		.13	T T	Ţħ.		
	4761 West Bay Blvd.				9: 20	gramma Hua		
	NEW Registered Office Address:			40				
	Unit 2002							
	Estero, FL, F	33928	·					
the cha agent was/we the arti Signal I herei provisi the obl	imited liability company is not organized under the large or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the true of a member or authorized representative of a member observed the appointment as registered agent and agons of all statutes relative to the proper and completing its attention of my position as registered agent as provided the proper of this change.	of the registered liability compared the limited liability liability of the limited liability li	l office and the business only, it is hereby confirmed iability company or as other ty company. I.C. Gibbons, Member Printed or typed name are capacity. I further agree	of signee	e reginange nange ovided	stered (s) d in		

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

Signature of Registered Agent