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COVER LETTER

Division of Corporations		
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:		
Patricia Carney Name of Person		
Patricia Carney LLC Firm/Company		
3474 Golda Circle Address		
North Fort Myers, FL 33917 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 (774) 209-9393 Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: MAILING ADDRESS:		
Registration Section Registration Section Division of Corporations Division of Corporations		
Clifton Building P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32314		
Tallahassee, Florida 32301		
Enclosed is a check for the following amount:		
☑ \$25 Filing Fee		

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.

1.	Na	ume of the limited liability company: Patricia Carney LLC
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 3474 Goda Circle Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		North Fort Myers, FL 33917 North Fort Myers, FL 33917
3.		Date of filing/registration in Florida L 600008600 Document number
5.	(a)	Legalzoon, Cheyenne Moseley, US Corp Agents Registered Agent and Registered Office shown on the records of the Florida Dept. of State.
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		13302 Winding Oaks Court, Suite A Tampa FL 33612 = TI
	(b)	Enter name of NEW Registered Agent and or NEW Registered Office address:
		3474 Goda Circle NEW Registered Office Address:
		North Fort Myers, FL 33917
		, FL, FL
the age wa the	e cha ent v is/we e arti	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in a cless of organization or the operating agreement of the limited liability company. The formula of the limited liability company or as otherwise provided in a member of a member of authorized representative of a member. Printed or typed name of signee
I i pro the to	here ovisi e obl mer	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been d in writing of this change.