

L160000022690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

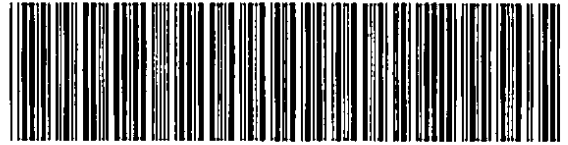
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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS
DEC 07 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMOKE DETECTOR MEDIC, 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:

T. RANKIN TERRY JR

Name of Person

ATTORNEY-AT-LAW

Firm/Company

1215 HANTON AVE

Address

FORT MYERS, FL 33901

City/State and Zip Code

trterry@gmail.com

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

For further information concerning this matter, please call:

T. RANKIN TERRY, JR.

239

850-3410

at ()

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: SMOKE DETECTOR MEDIC, LLC

2. (a) Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)
7600 KNIGHTSWING CIR.
FT. MYERS, FL, 33912

(b) Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)
21301 S TAMiami TRl, STE 320, PMB 107
ESTERO, FL, 33928

3. 02-02-2016 Date of filing/registration in Florida

4. L16000022690 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
DAVID RUSSELL
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
4406 MYSTIC BLUE WAY
FORT MYERS FL 33966

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address
SABRINA ISLEY LUNDBOHN
NEW Registered Office Address
11959 AMEDICUS LN.
FORT MYERS FL 33907

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.

(DL) [Signature] DAVID LUNDBOHN
Signature of a member or authorized representative of a member 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.

(SIL) [Signature]
Signature of Registered Agent

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

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TALLAHASSEE, FL