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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAY 17 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Concierge And Care Services of SW Florida, 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:

Lisa Buss
Name of Person

Concierge And Care Services of SW Florida, LLC
Firm/Company

12870 Trade Way Four, Ste 107-303
Address

Bonita Springs, FL 34135
City/State and Zip Code

LISA.BUSS@LB@ICLOUD.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisa Buss at (239) 287-0116
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

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**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: Concierge And Care Services of SW Florida, LLC
2. (a) Lisa Buss
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
3061 Meandering Way #202
Ft. Myers, FL 33905
4/4/16
- (b) ~~12870 Trade Way Four~~ Lisa Buss
Mailing address of limited liability company:
New Addr: (Note: **MAY BE POST OFFICE BOX**)
12870 Trade Way Four #107-303
Bonita Springs, FL 34135
L16000066157
3. Date of filing/registration in Florida 4. Document number

5. (a) Frederick Guajardo
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
11670 Amanda LN
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Bonita Springs, FL 34135

- (b) Lisa Buss
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

12870 Trade Way Four
NEW Registered Office Address:

Suite #107-303

Bonita Springs, FL 34135

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.

Lisa Buss
Signature of a member or authorized representative of a member

Lisa Buss
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.

[Signature]
Signature of Registered Agent

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