## L16 000 220 711

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
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(Document Number)	
Certified Copies Certificates of Status	<del></del>
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Special Instructions to Filing Officer:	
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SECRETATION OF THE

## **COVER LETTER**

TO: Registration Section Division of Corporations		
501 Vintage Drive LLC		
SUBJECT: Na	me of Limited L	Liability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Of	ffice Change and	I fee(s) are submitted for filing.
Please return all correspondence concerning the	his matter to the	following:
Steven Schwartz		
Name of Person		
501 Vintage Drive LLC		2024 FEB 16
Firm/Company		
11600 Court of Palms # 104		
Address		
Ft. Myers, FL 33908		
City/State and Zip Code		<del>_</del>
tracey@accountantsgroup.com		
E-mail address: (to be used for future an	nual report noti	fication)
For further information concerning this matter	r. please call:	
Steve Schwartz	630 at (	776-0121
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 followin	g amount:	
\$25 Filing Fee		555 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)	<u> </u>	(1	o)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11600 Court of Palms		11600 C	ourt of Palms
	Ft. Myers, FL 33908		Ft. Myer	s, FL 33980
	12/6/2016		L1600022	07!1
	Date of filing/registration in Florida	4.		Document number
a)				
	Registered Agent and Registered Office shown on the records	s of the Florida	Dept. of St	ate:
	GSK Registered Agents Inc			ب
	Registered Office Address (MUST BE FLORIDA STRE.	ET ADDRESS	D .	2DHFEB 16 等原形的
	1380 Royal Palm Square Blvd			三型 田
	Fort Myers	33919		FEB 16 P
	Fort Myers	rt		
)				P1 2:
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ered Office ad	dress:	- 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Steven Schwartz			τ-,
	NEW Registered Office Address:			<del>-</del>
	11600 Court of Palms # 104			_
	Fort Myers	. FL_33908		
ge Lu we	mited liability company is not organized under the or changes are made, the Florida street address of fill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of the second contents.	the registere I liability co rs of the lim	ed office ar mpany, it ited liabili	nd the business office of the registered is hereby confirmed that the change(s) to company or as otherwise provided in
<u>~z</u>	y less taulch Schwar	ケー	<i>y</i>	Printed or Lyped name of signee
nati				y

Signature of Registered Agent