

L170000014610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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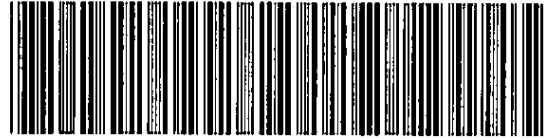
(Business Entity Name)

(Document Number)

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MAY 07 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Informed Choice 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:

Shawn Schroeder

\_\_\_\_\_  
Name of Person

Informed Choice LLC

\_\_\_\_\_  
Firm/Company

13620 Metropolis Avenue100

\_\_\_\_\_  
Address

Fort Myers, FL 33912

\_\_\_\_\_  
City/State and Zip Code

tbuhr@jsaonline.com

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

For further information concerning this matter, please call:

Tom Buhr

at ( 920 ) 884-3200

\_\_\_\_\_  
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

• **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: Informed Choice, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

13620 Metropolis Avenue100

13620 Metropolis Ave 100

Fort Myers, FL 33912

Fort Myers FL 33912

01/18/2017

L17000014610

3. Date of filing/registration in Florida 4. Document number

5. (a) Tom Buhr 2595 DEVELOPMENT DRGREEN BAY FL 54311

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13620 Metropolis Avenue100FORT MYERS, FL 33912

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

13620 Metropolis Avenue100

Fort Myers, FL 33912

(b) Shawn Schroeder

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

\_\_\_\_\_, FL \_\_\_\_\_

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.

Thomas N Buhr  
Signature of a member or authorized representative of a member

Thomas N Buhr- Member

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.

Shawn J. Schroeder  
Signature of Registered Agent

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

FILING FEE: \$25.00