## L17000 090 938

| (Requestor's Name)                      |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |  |  |
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Office Use Only



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## **COVER LETTER**

| TO:  | Registration Section Division of Corporations |   |                       |  |  |  |
|--|---|---|-----------------------|--|--|--|
| SUBJE  | DORSON FORT MYERS LL                          | <b>;</b>  |                       |  |  |  |
| SUBJE  | Name of Limited Liability Company             |   |                       |  |  |  |
| Dear S   | ir or Madam:                                  |   |                       |  |  |  |
| The en   | closed Registered Agent/Registered Offic      | c Change and fee(s) are submitted   | for filing.           |  |  |  |
| Please   | return all correspondence concerning this     | matter to the following:  |                       |  |  |  |
| WILL   | IAM M DORATY JR.                              |   |                       |  |  |  |
|  | Name of Person                                |   |                       |  |  |  |
| DORS   | SON FORT MYERS LLC                            |   |                       |  |  |  |
|  | Firm/Company                                  |   |                       |  |  |  |
| 1273   | 5 Gladstone Way                               |   |                       |  |  |  |
|  | Address                                       |   |                       |  |  |  |
| Fort N   | Myers, FL 33913                               |   |                       |  |  |  |
|  | City/State and Zip Code                       | <u> </u>  |                       |  |  |  |
| spaas  | sch@floridamitsu.com                          |   |                       |  |  |  |
| F  | E-mail address: (to be used for future ann    | al report notification)   |                       |  |  |  |
| For fur  | rther information concerning this matter.     | lease call:   |                       |  |  |  |
| Sherr  | rie Paasch                                    | 239 400-2886  |                       |  |  |  |
|  | Name of Person                                |   | time 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         | mount:  |                       |  |  |  |
|  | ☑ \$25 Filing Fee                             | S55 Filing Fee & Cert   | tified Copy           |  |  |  |
| INHS1  | 8 (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:  | ORT M  | YERS LLC  | ·<br>  |  |   |                          |
|---|--|--|---|--|--|---|--------------------------|
| 2. (a)  | DORSON FORT MYERS LLC  | (  | (b) DORSON FORT MYERS LLC  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  12735 GLADSTONE WAY |  |  |   |                          |
| ώ. (α)  | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  12735 GLADSTONE WAY   | \  |   |  |  |   |                          |
|   | FORT MYERS, FL 33913   | _  | FORT N  | MYERS, FL 33913  | 3  |   |                          |
|   | 4/24/17  |  | L170000   | 90938  |  |   |                          |
| 3.<br>5. (a)                                      | Date of filing/registration in Florida DORATY, WILLIAM M, JR.  | 4.   |   | Document number  | S  | 20                                      |                          |
| J. (a)  | Registered Agent and Registered Office shown on the records o  | t the Florie   | da Dept. of Sta   | e:   | TALL   | JUL 6102                                | <b>-</b>                 |
|   | Registered Office Address (MUST BE FLORIDA STREET) 12717 GLADSTONE WAY   |  |   | _  | AHASŠĒĒ.   | 22                                      |                          |
|   | FORT MYERS   | _33901   | l   | _  | ini.   | PM 4: 2                                 | (a. a.                   |
| (b)   | DORATY, WILLIAM M, JR.  Enter name of NEW Registered Agent and/or NEW Registered Office address:   |  |   | _  | ل<br>سيت   | 125                                     |                          |
|   | NEW Registered Office Address:   |  |   | _  |  |   |                          |
|   | 12735 GLADSTONE WAY  |  |   | _  |  |   |                          |
|   | FORT MYERS   | L_3390   | 1   | _  |  |   |                          |
| the cha<br>agent was/we<br>the art                | imited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited for authorized by an affirmative vote of the members icles of organization or the operating agreement of the formation of a member of a membe | of the regliability of the limited by the limited b | istered offic<br>company, it<br>mited liabili<br>liability coi<br>DRATY, W  | te and the business of is hereby confirmed to the company or as other mpany.  ILLIAM M JR.  Printed or typed name of the confirmed or typed name | fice of the<br>hat the ch<br>crwise pro<br>of signee | e regist<br>nange(s<br>ovided           | ered ) in                |
| I here<br>provisi<br>the obt<br>to mer<br>notifie | by accept the appointment as registered agent and as<br>ions of all statutes relative to the proper and complet<br>ligations of my position as registered agent as provid<br>ely reflect a change in the registered office address, a<br>d'in writing of this change.  | gree to a<br>e perford<br>led for in<br>I hereby   | ct in this cap<br>mance of my<br>Chapter 60<br>confirm that   | pacity. I further agree<br>duties, and I am fam<br>5, F.S. Or, if this doc<br>the limited liability o  | e to comp<br>iliar with<br>ument is<br>company       | ly with<br>and ac<br>being f<br>has bee | the<br>cept<br>iled<br>n |

Signature of Registered Agent