

L170000 96477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

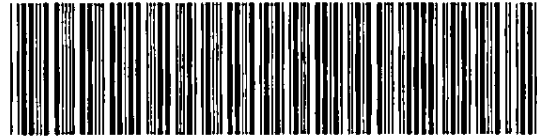
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600338098016

12/23/19--01008--002 **200.00

2019 DEC 23 PM 5:26

C. GOLDEN
JAN 27 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Best Care Collaborative, 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:

Mary A. McGillicuddy

Name of Person

Lee Memorial Health System

Firm/Company

4211 Metro Parkway, Legal Services, Lee Health Corporate Center

Address

Fort Myers, FL 33916

City/State and Zip Code

L.MHS.CourtDocs@LeeHealth.org

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

For further information concerning this matter, please call:

Mary A. McGillicuddy

239

343-8550

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: Best Care Collaborative, LLC
2. (a) Best Care Collaborative, LLC
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
6630 Orion Drive, Suite 205
Fort Myers, FL 33912
- (b) Best Care Collaborative, LLC
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
6630 Orion Drive, Suite 205
Fort Myers, FL 33912
3. 05/01/2017
Date of filing/registration in Florida
4. L17000096477
Document number
5. (a) Mary A McGillicuddy, Esq.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2780 South Cleveland Avenue
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 459
Fort Myers, FL 33901
- (b) Mary A. McGillicuddy
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Legal Services, Lee Health Corporate Center
NEW Registered Office Address:
4211 Metro Parkway
Fort Myers, FL 33916

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.

Signature of a member or authorized representative of a 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.

Mary A McGillicuddy
Signature of Registered Agent

2019 MAY 23 PM 5:26