L11000 107686

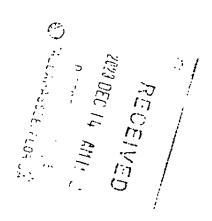
·					
	(Requestor's Name)				
	(Address)				
	(Addiess)				
(Address)					
•	(City/State/Zip/Phone #)				
PICK-UF	WAIT MAIL				
_					
	(Business Entity Name)				
	(Document Number)				
Certified Conies	Certificates of Status				
Special Instructions to	Filing Officer:				
Special instructions to	rining Officer.				
	i				

Office Use Only



900420343989

2023 DEC 14 PM 4: 20



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	:	12000000	0195					
REFERENCE	Ξ :	170093	8183052					
AUTHORIZATION	: 1							
COST LIMIT	: :	\$ -25.00/	Alexan June					
	· - ·							
ORDER DATE: December 5, 202	13							
ORDER TIME : 9:28 AM								
ORDER NO. : 170093-061								
CUSTOMER NO: 8183052								
			-	- -				
CHANGE OF AGENT								
NAME: FOR WOMEN II	I, LI	LC						
PLEASE RETURN THE FOLLOWING A	S PF	ROOF OF FI	LING:					
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON: Eyliena Bake	r	- EXT#						
		EXAMINER	:					

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.

I. N	ame of the limited liability company: FOR WOMEN II	, LLC				
2. (a)	15621 New Hampshire Court	((b) 4010 W. Boy Scout Blvd, Suite 500,			
~. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	FT. MYERS, FL 33908		-	Tampa, F	EL 33607	
	05/15/2017		i	_17000107	7686	
3.	Date of filing/registration in Florida	4.			Document number	
5. (a)	Registered Agent and Registered Office shown on the records of t UPM SERVICE CORP	the Florid	da I.	Pept. of State	- ::	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>(S)</u>		r-2	
	1501 YAMATO ROAD SUITE 200W				FILL AHASS	
	BOCA RATON . FL	33431			E T	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company <u>NEW Registered Office Address:</u>	Office a	ddr	ress:	DEC 14 PH 4: 20	
	1201 Hays Street					
	Tallahassee FL_	32301				
change agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the	register bility co f the lin	red om nite	office and pany, it is ed liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
	/s/ Jill Cilmi Jill Cilmi, Author			lmi, Autho		
I here provisi the obi to mer	ture of a member or authorized representative of a member by accept the appointment as registered agent and agresions of all statutes relative to the proper and complete pligations of my position as registered agent as provided ely reflect a change in the registered office address. In d in writing of this change.	perform I for in (ereby c	ian Ch on	ce of my a apter 605, firm that t	Printed or typed name of signee ocity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been	
Signatu	Grace E. Kirby, Asst. Vic	e Presid	aer	11		