## 00002179

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## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Lice Avengers Of SW Florida 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:			
Ryan J Nelson Name of Person			
Lice Avengers of SW FLORIDA LLC Firm/Company			
8881 Terrene Court suite 104 Address			
Bonita Springs, FL. 34135 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Ryan a Nelson at (239) 237-0757  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 \$\square\$ \$55 Filing Fee & Certified Copy			

INHS18 (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.

	8881 Terrene Court suite 104 (b) Principal office address of limited liability company:	
	(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
	Bonita Springs, FLORIDA	Bonita Springs, FLORIDA
	34135	34135
	01/03/2018	L1800000 2179
3.	Date of filing/registration in Florida 4.	Document number
5. <b>(a)</b>	Randolph, Jeffrey J	
	Registered Agent and Registered Office shown on the records of the Florida D	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	Bonita Springs	(基) (基) (5) (20)
	· · ·	
	, FL_ 34 V	35 <u>9</u> 9
(b)	Nelson, Ryan J	
` ' -	Fater name of NEW Registered Agent and/or NEW Registered Office address	<u>ess</u> :
	NEW Registered Office Address:	
	Acquired office Address.	
	C)	
	, FL	
he char igent w	mited liability company is not organized under the laws of the Singe or changes are made, the Florida street address of the registe fill be identical. Or, in the case of a Florida limited liability com	red office and the business office of the registered pany, it is hereby confirmed that the change(s)
	re author/ked by an affirmative vote of the members of the limited lia eles of organization or the operating agreement of the limited lia	
	Milder	· _ · ·
Signati	are of a member or authorized representative of a member	Ryan J Nelson Printed or typed name of signee
l hereb provisio he obli o mere iotified	y accept the appointment as registered agent and agree to act in ons of all statutes relative to the proper and complete performan gations of my position as registered agent as provided for in Ch ly reflect a khange in the registered office address, I hereby con l'in writing of this change.	of this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
Signatur	e of Registered Agent	