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COVER LETTER

TO: Registratio Division of	n Section Corporations		•
SUBJECT: S9 YA			
	Na	me of Limited Li	ability Company
Dear Sir or Madam	:		
The enclosed Regis	tered Agent/Registered Of	Tice Change and	fee(s) are submitted for filing.
Please return all co	rrespondence concerning th	nis matter to the f	following:
Jason R. Maughan. E	ësq.		<u></u>
	Name of Person		
Maughan Himschoo	& Adams Law Group		<u></u>
	Firm/Company		
15750 New Hampsh	ire Court Ste A		
	Address		
Fort Myers			<u></u>
	City/State and Zip Code		
jm@mhalawgroup.co E-mail addres	om s: (to be used for future an	nual report notifi	cation)
For further informa	tion concerning this matter	, please call:	
Jason Maughan		at (239) 472-2424
Na	me of Person	· ·	Area Code & Daytime Telephone Number
Mailing A	ddress:		Street Address:
Registratio	on Section		Registration Section
	f Corporations		Division of Corporations
P.O. Box (The Centre of Tallahassee
Tallahassc	e, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is	s a check for the following	g amount:	
■ \$25 Filir	าย Fee	□ \$5	5 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.

(a)	24850 Old 41 Road	((b) 24850 Old 41 Road		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	:	<i>\</i>	failing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	Suite 10		Suite 10		
	Bonita Springs. FL 34135		Bonita Spri	ngs, F1. 34135	
	07/06/2018		L180001638	50	
	Date of filing/registration in Florida	4.	1	Document number	
(a)	Cohen & Grigsby PC				
()	Registered Agent and Registered Office shown on the record	ls of the Florid	la Dept. of State		
	9110 Strada Place				
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRES	<u>'S)</u>	\a 3	
	Suite 6200			ça99 (
	Naples	, FL <u>34108</u>		1	
(b)	Jason R. Maughan, Esq.			-7	
(b)			ddress:	; ;; ;;	
(b)	Jason R. Maughan, Esq.		ddress:		
(b)	Jason R. Maughan, Esq. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>		ddress:		
(b)	Jason R. Maughan, Esq. Enter name of NEW Registered Agent and/or NEW Regist Maughan Himschoot & Adams Law Group		ddress:		

e 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.

JASON MHULGHAN Printed or typed name of signee Signature of a trember or authorized representative of a member

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.

tered Agent