

L19 000000 1729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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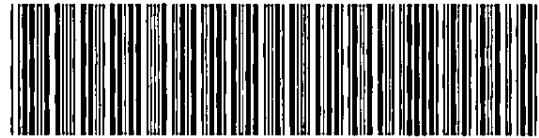
(Business Entity Name)

(Document Number)

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I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eye Spy Property Management, 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:

Roberto Lee

Name of Person

Eye Spy Property Management

Firm/Company

6240 Saint Andrews Circle N

Address

Fort Myers FL 33919

City/State and Zip Code

pinnaclegroupbroker@gmail.com

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

For further information concerning this matter, please call:

Roberto Lee

Name of Person

at (239) 671-4046

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

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2019

ROBERTO LEE
6240 SAINT ANDREWS CIRCLE N
FORT MYERS, FL 33919

SUBJECT: EYE SPY PROPERTY MANAGEMENT, LLC
Ref. Number: L19000001729

We have received your document for EYE SPY PROPERTY MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must also contain the address of the registered agent which must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Britton
Regulatory Specialist II

Letter Number: 019A00001309

RECEIVED
2019 JAN 24 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FL

**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: Eye Spy Property Management

2. (a) Eye Spy Property Management

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

6240 Saint Andrews Circle

Fort Myers FL 33919

(b) Eye Spy Property Management

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

6240 Saint Andrews Circle

Fort Myers FL 33919

3. 12/28/18 Effective 1/1/19
Date of filing/registration in Florida

4. L19000001729
Document number

5. (a) Roberto Lee

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

6240 Saint Andrews Circle N

Fort Myers FL 33919, FL

(b) Roberto Lee PA

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

6240 Saint Andrews Circle N

NEW Registered Office Address:

Fort Myers FL 33919

_____, FL

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]
Signature of a member or authorized representative of a member

Roberto Lee
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.

[Signature]
Signature of Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA