## L19000069045

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone	= #) 
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(De	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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2020 APT 10 PH 2: 57

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Bonita Guardian Home Watch Name of Limited Liability Company			
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and fe	ee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the fo	llowing:		
Maryanna Hoke Name of Person			
Bonita Guardian Home Watch Firm/Company			
11900 Merathon dr. Address	_		
Bonita Springs FL 3. City/State and Zip Gode	4/35		
Roni la Guendian homewotch (a E-mail address: (to be used for future annual report notifica	Oct 100 K. com		
For further information concerning this matter, please call:			
Maryanna Hoke at (239) 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		

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

## 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. 1	Name of the limited liability company: Bonita Guardian Home Watch LU
2. (a	
2. (a	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)
	11900 Merethon Sv
	Bonita Springs FL 34/35
	03/11/2019 L190000 69045
3.	$\frac{23/11/2019}{\text{Date of filing/registration in Florida}} = \frac{\text{L190000 L9 e45}}{\text{Document number}}$
5. (	a) /
(	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	United States Corpotion Agent, Inc.  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	UNITED STATES CORPORATION AGENTS, INC.
	TAMPA, FL. 33612
(b	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	7
	NEW Registered Office Address:
	11900 Merathon dr
	Bonita Springs FL 34/35
chan agen was/	e limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the ge or changes are made, the Florida street address of the registered office and the business office of the registered t will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in rticles of organization or the operating agreement of the limited liability company.
- 1/2 - Sia	Maryanna Hoha Meryanna Hoka mature of a member or authorized representative of a member  Printed or typed name of signee
I he proving the or notif	reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed erely reflect a change in the registered office address, I hereby confirm that the limited liability company has been ited in writing of this change.