

L19 000158720

(Requestor's Name)

(Address)

(Address)

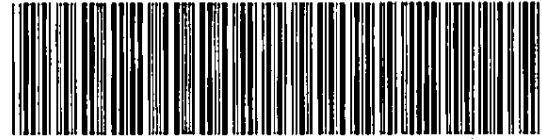
(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: C&M GIFTED HANDS HEALTHCARE INSTITUTE 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:

CANDALE BROWN

Name of Person

C&M GIFTED HANDS HEALTHCARE INSTITUTE LLC

Firm/Company

1407 MINDELLO DRIVE Ft Myers

Address

Ft Myers FL 33905

City/State and Zip Code

Giftedhandshealthcareinst@gmail.com

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

For further information concerning this matter, please call:

CANDALE BROWN

Name of Person

at ( 904 ) 508-3990

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

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

**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: C & M Gifed Hands Healthcare Institute
2. (a) 3049 CLEVELAND AVENUE FtMYERS FL (b) 14207 MINDELLO DRIVE FortMyers FL  
 Principal office address of limited liability company: 33901 Mailing address of limited liability company: 33905  
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 02/17/2019 4. L19000158720  
 Date of filing/registration in Florida Document number

5. (a) BAILEY, MICHELE C  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
3505 39th St SW  
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
Lenigh Acres, FL  
 FL 33970

(b) CANDALE BROWN  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:  
14207 MINDELLO DRIVE  
FortMyers,  
 FL 33905

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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.

Candace Brown Signature of a member or authorized representative of a member  
CANDALE BROWN 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.*

Candace Brown  
 Signature of Registered Agent