

9000273795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP ☐ WAIT ☐ MAIL

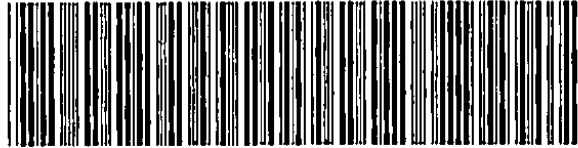
(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

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R. WHITE
JAN 27 2020

COVER LETTER

Registration Section
Division of Corporations

Community Healthcare Innovations, LLC

Name of Limited Liability Company

Madam:

My Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please direct all correspondence concerning this matter to the following:

McGillicuddy

Name of Person

Lee Health System

Firm/Company

1000 Parkway, Legal Services, Lee Health Corporate Center

Address

Tallahassee, FL 32316

City/State and Zip Code

Email: McGillicuddy@LeeHealth.org

Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

McGillicuddy

239

343-8550

at (_____) _____

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

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

Under the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company
has the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company: Community Healthcare Innovations, LLC

Community Healthcare Innovations, LLC

(b) Community Healthcare Innovations, LLC

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

2780 Cleveland Avenue, MOC 459

Fort Myers, FL 33901

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

2780 Cleveland Avenue, MOC 459

Fort Myers, FL 33901

11/01/2019

L19000273795

Date of filing/registration in Florida

4.

Document number

Mary A McGillicuddy

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

2780 Cleveland Avenue

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

MOC 459

Fort Myers, FL 33901

Mary A. McGillicuddy

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

Legal Services, Lee Health Corporate Center

NEW Registered Office Address:

4211 Metro Parkway

Fort Myers, FL 33916

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)
is/are 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 of a member or authorized representative of a member

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 reflect a change in the registered office address, I hereby confirm that the limited liability company has been
in writing of this change.

Mary A McGillicuddy
Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00