## 19000278248

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(R	equestor's Name)	
(A	ddress)	
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nai	me)
(D	ocument Number)	)
pies	Certificate	s of Status
structions to	Filing Officer:	
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Office Use Only



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## COVER LETTER

Registration Section Division of Corporations	•
Lee Healthcare Investments, LLC	
Name of Limited Li	ability Company
or Madam:	
osed Registered Agent/Registered Office Change and	fee(s) are submitted for filing.
turn all correspondence concerning this matter to the	following:
McGillicuddy	
Name of Person	_
orial Health System	
Firm/Company	_
ro Parkway, Legal Services, Lee Health Corporate Center	
Address	<del></del>
rs, FL 33916	
City/State and Zip Code	_
ourtDocs@LeeHealth.org	
nail address: (to be used for future annual report notifi	cation)
er information concerning this matter, please call:	
McGillicuddy 239	343-8550
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
Inclosed is a check for the following amount:	
■ \$25 Filing Fee □ \$5	5 Filing Fee & Certified Copy
2/14)	

## EMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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

ne of the limited liability company:	nvestments	LLC
ee Healthcare Investments, LLC	(b)	Lee Healthcare Investments, LLC
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
2780 Cleveland Avenue, Legal Services		2780 Cleveland Avenue, Legal Services
Fort Myers, FL 33901		Fort Myers, FL 33901
1/07/2019	1	_19000278248
Date of filing/registration in Florida  Mary A McGillicuddy	4.	Document number
legistered Agent and Registered Office shown on the records of 2780 Cleveland Avenue	the Florida	Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
Legal Services Fort Myers . FI	33901	
dary A. McGillicuddy	<u>-</u>	
Intername of NEW Registered Agent and/or NEW Registered	l Office add	ress:
Legal Services, Lee Health Corporate Center		 
NEW Registered Office Address:		5
4211 Metro Parkway		<del></del>
Fort Myers, FI	33916	
nited liability company is not organized under the law changes are made, the Florida street address of the II be identical. Or, in the case of a Florida limited list authorized by an affirmative vote of the members of organization or the operating agreement of the	registered ability cor of the limi	d office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
e of a member or authorized representative of a member		Printed or typed name of signee
accept the appointment as registered agent and agns of all statutes relative to the proper and complete ations of my position as registered agent as provide reflect a change in the registered office address, I in writing of this change.	ree to act i performa d for in Ci hereby coi	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed after that the limited liability company has been
of Registered Agent		