120000237843

(Re	questor's Name)	
·		
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
 	Q. SILAS	
	MAY 23 2022	4
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Office Use Only



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SECRETARY OF STAT

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 197 Mc Coy I	rive LLC
Name of Limi	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	to the following:
Tiffany T. Bak Namé of Person	er
Firm/Company	
19474 Doris Ln Address	
For + MyCrs F/. 33 City/State and Zip Code	3717
E-mail address: (to be used for future; annual report	1-com t notification)
For further information concerning this matter, please ca	all:
Tiffany T. Baker at (239) 543-3800 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 Filling Fee	☐ \$55 Filing Fee & Certified Copy
IHS18 (2/14)	

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. Na	ime of the limited liability company: 197 McCoy Drive, LLC
2. (a)	, · · · · · · · · · · · · · · · · · · ·
(.,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	19474 Doris Ln Same
	Fort Myers F1.33917
	8-6-2020 L 20000 237843 Date of filing/registration in Florida 4. Document number
3.	Date of filing/registration in Florida 4. Document number
5. (a)	DLF Recistered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	1018/ Six mile Cypress PKWY Suites
	10181 Six mile Cypress PKWY Suite The Fort Myers FL 33966
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
X	Tiffany T. Baker NEW Registered Office Address!
	19474 Doris Lane
	Fort Mycrs, FL 33917
hange gent v as/we	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company. Tammy L Bake ture of a member or authorized representative of a member Printed or typed name of signce
Signa	ture of a member or authorized representative of a member Printed or typed name of signee
obl nerc ified	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address. I hereby confirm that the limited liability company has been din writing of this change.