

L20000256436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

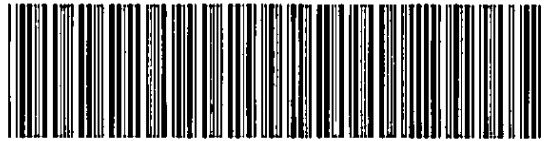
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600395017096

09/23/22--01020--003 **25.00

FILED
2022 SEP 23 PM 3:21
FBI MASSACHUSETTS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Life Care Companions Northwest FL 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.

Priscilla Baldwin
Name of Person

Life Care Companions of Northwest FL LLC
Firm/Company

8510 Sonnyboy LN
Address

Pensacola, FL 32514
City/State and Zip Code

lifecarecompanionsnwfl@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Priscilla Baldwin at (850) 324-4617
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

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.

LIFE CARE COMPANIONS OF NORTHWEST FLORIDA, LLC

1. Name of the limited liability company: Life Care Companions of NWFL LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

8510 Sonnyboy Ln
Pensacola, FL 32514

8/19/2020

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

12612 EARLY RUN Lane
RIVERVIEW FL 33578

L20000256436

3. Date of filing/registration in Florida

4. Document number

5. (a) T. HARVEY LAW PA

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

Deceased

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

9040 Town Center PKWY
Lakewood Ranch, FL 34202

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Derek X. Baldwin

NEW Registered Office Address:

8510 SONNYBOY LN
Pensacola, FL 32514

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.

Priscilla Baldwin
Signature of a member or authorized representative of a member

PRISCILLA BALDWIN
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.

Derek Baldwin
Signature of Registered Agent

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

FILING FEE: \$25.00