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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

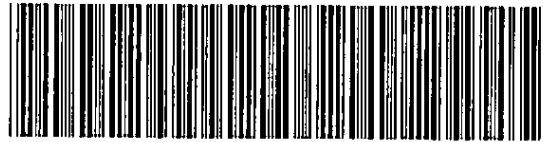
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2022 FEB 14 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

FEB 24 2022

COVER LETTER

TO: Registration Section
Division of Corporations

I GO A WALKING LLC

SUBJECT: _____
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:

JOSEPH TERMINI

Name of Person

I GO A WALKING LLC

Firm/Company

3810 SOUTH EAST 12TH PLACE

Address

CAPE CORAL, FLORIDA 33904

City/State and Zip Code

rpborder2
rpborder2@gmail.com

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

For further information concerning this matter, please call:

JOSEPH TERMINI

Name of Person

at (631) 599 9760

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.

I GO A WALKING LLC

1. Name of the limited liability company: 8690 LAKEFRONT COURT

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
FORT MYERS, FLORIDA 33908

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

OCTOBER 22, 2020

3. Date of filing/registration in Florida
DANIEL TERMINI

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
8690 LAKEFRONT COURT

FORT MYERS, FL 33908

JOSEPH TERMINI

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

3810 SE 12TH PLACE

NEW Registered Office Address:

Cape Coral, FL 33904

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.

JOSEPH TERMINI

Signature of a member or authorized representative of a member

Printed or typed name of signer

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.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

FILED
2022 FEB 14 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FL