LZ1 0000 77996

(Requestor's Name)				
(Address)				
(Address)				
(100.000)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Soomoss Emily views)				
(Document Number)				
Certified Copies Certificates of Status				
Special legislations to Ciling Offices:				
Special Instructions to Filing Officer:				





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03/10/21--01018--030 **25.00



COVER LETTER

то:	Registration Section Division of Corporations				
SUBJ	Bears Home Inspection, LLC				
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered OI	Tice Change	and fee(s) are submitted for filing.		
Please	return all correspondence concerning t	his matter to	the following:		
Sharon	A. Franco				
	Name of Person				
Bears I	Home Inspection, LLC				
-	Firm/Company				
421 SV	/ 47th Ter Apt 103				
	Address				
Cape C	oral, FL 33914				
	City/State and Zip Code				
bearsho	omeinspection@gmail.com				
	-mail address: (to be used for future ar	inual report n	otification)		
For fu	ther information concerning this matte	r, please call:			
Sharon	A. Franco	239 at (319-0463		
	Name of Person	\	Area Code & Daytime Telephone Number		
	Mailing Address:		Street Address:		
	Registration Section		Registration Section		
	Division of Corporations		Division of Corporations		
	P.O. Box 6327		The Centre of Tallahassee		
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the followin	g amount:			
	S25 Filing Fee		3 \$55 Fifing Fee & Certified Copy		

INHS18 (2/14)

STÄTEMENT 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.

. Na	ime of the limited liability company: Bears Home Insp	ection, LLC	
. (a)		(b)	
. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	421 SW 47th Ter Apt 103		
	Cape Coral, FL 33914		
	02/15/2021	L:	21000077996
	Date of filing/registration in Florida	4.	Document number
. (a)	LEGALINC Corporate Services Inc.		
. (a)	Registered Agent and Registered Office shown on the records of	f the Florida D	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET) 5237 Summerlin Commons Suite 400	ADDRESS)	
	Fort Myers, Fl	L_33907	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addr	2021 SEP 10
	Sharon A. Franco		
	NEW Registered Office Address:		
	421 SW 47th Ter Apt 103		AMII: 02
	Cape Coral, F	L	~ · · · · · · · · · · · · · · · · · · ·
iange gent v as/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members plus of organization or the operating agreement of the	e registered lability com of the limite limited lia	office and the business office of the registered ipany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
Signat	ture of a member or authorized representative of a member		Printed or typed name of signee
rovisi e obl merc	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I I in writing of this change.	performan d för in Ch	ice of my duties, and I am familiar with and acce apter 605, F.S. Or, if this document is being file

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

Signature of Registered Agent