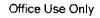
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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

	Registration Section Division of Corporations		•
SUBJEC	Janine Seibert, PLLC		
501331.0		of Limited Lia	ability Company
Dear Sir	or Madam:		
The enclo	osed Registered Agent/Registered Offic	e Change and f	fee(s) are submitted for filing.
Please ret	turn all correspondence concerning this	matter to the f	following:
Janine Sei	ibert, PLLC		
	Name of Person		
Janine Se	ibert, PLLC		
	Firm/Company	<u> </u>	
15941 Ca	talpa Cove Drive		
	Address		_
Fort Myer	rs, FL 33908		
	City/State and Zip Code		<u> </u>
jjsciberts(@gmail.com		
E-m	nail address: (to be used for future annu	al report notific	cation)
For furthe	er information concerning this matter, p	lease call:	
Janine Se	ibert, PLLC	305 at (433-1911
	Name of Person	_ ** (Area Code & Daytime Telephone Number
A D P	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
F	Enclosed is a check for the following a	mount:	
ī	\$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy
INHS18 (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.

(a)	15941 Catalpa Cove Drive		(b) 15941 Catalpa Cove Drive
(4)	Principal office address of li (Note: MUST BE ST		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Fort Myers, FL 33908		Fort Myers, FL 33908
	04/16/2021		L21000165613
	- Date of filing/registra	ation-in-Florida	4. Document number
(a)	1		\$ 40 3 3 3 3 3 3 3 3 3 3
(a)	Registered Agent and Registered Of Bolonos Truxton, P.A.	ffice shown on the records of the	DDRESS)
	Registered Office Address (MU.	ST BE FLORIDA STREET AD	
	12800 University Drive Suite 3	05	33907
	Fort Myers	33	33907
		, FL	
(b)			
(-)	Enter name of NEW Registered Ag	gent and/or NEW Registered Of	Office address:
	Janine-Seibert, PLLC	Janine Seibe	pert % John R. Wood & Associa
NEW Registered Office Address: -1-5941-Gatalpa-Govo Drivo- 913	9130 Corsea D	Del Fontana Way	
	Fort Myers Naples	, FL_	33908- <i>34109</i>
ang ent is/w	e or changes are made, the Florwill be identical. Or, in the case	rida street address of the re se of a Florida limited liabi re vote of the members of t	• •
ar	J9711/11/1/ASOLISO171	PLLC	Janine Seibert, PLLC
_ (ature of a member or authorized repre	SOME THE OF THE HIGH PET	Printed or typed name of signee

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