## L21000412816

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Dusiness Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J. HORNE FEB 18 2022						

Office Use Only



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2022 FEB -8 PM 12: 16 SECRETARY OF STATE TALLAHASSEE, FLARA

FILED

## **COVER LETTER**

TO:	Registration Section Division of Corporations						
 SUBJE	212 SW CAPE CORAL, LLC	Γ: 212 SW CAPE CORAL, LLC  Name of Limited Liability Company					
SUBJE							
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning this n	natter to the following:					
Sydne	ey Grice						
	Name of Person						
Ande	rson Business Advisors						
	Firm/Company	<del></del>					
3225	McLeod Drive, #100						
	Address						
Las V	egas, NV 89121						
-	City/State and Zip Code						
ra@a	ndersonadvisors.com						
E	-mail address: (to be used for future annual	report notification)					
For fur	ther information concerning this matter, ple	ase call:					
Sydney Grice		800 7064741					
	Name of Person	Area Code & Daytime Telephone Number					
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following amount:							
	■ \$25 Filing Fee	☐ \$55 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.

i.	Name of the limited liability company: 212 SW CAPE CORAL, LLC						
2	(a)	3225 McLeod Dr. Suite 100	(b) 3225 McLeod Dr, Suite 100				
	()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
		Las Vegas, NV 89121	<del>_</del>	Las Veg	as, NV 89121		
			_				
		09/17/2021		L210004	12876		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	BURANDT ADAMSKI FEICHTHALER & SAN	NCHEZ	Z PLLC			
	()	Registered Agent and Registered Office shown on the records of the	- e:				
					-		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		1714 CAPE CORAL PARKWAY E					
		CAPE CORAL , FL	33904		202 SE TAL		
	(b)	Anderson Registered Agents, Inc.			ZFEB CRET LAHA		
	` '	Enter name of NEW Registered Agent and/or NEW Registered Office address:			SSE &		
	625 E. Twiggs Street, Suite 110				Sign Sign Sign Sign Sign Sign Sign Sign		
		NEW Registered Office Address:			<u> </u>		
		Tampa	33602		-		
		, FL	33002		-		
the again the Lipskin	e cha ent v as/we arti Signal berei ovisi e obl merc	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change.	the regis bility co f the lim limited l	stered office ompany, it is nited liabilit niability con	c and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in an approximately.  Printed or typed name of signee  acity: I further agree to comply with the		
Si	gnatu	re of Registered Agent					