L230004391de

(Requestor's Name)				
(Add	dress)			
(Address)				
(City	//State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Bus	siness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
	J. H AUG Z	ORNE 2025		

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2025 ACT 21 FEE 12: 43

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Cheyanne at 850-202-1882

Date:	08/21/2025			
Name:	Ryan Chasteen_	_		
	2867144			
	ne: MW OF FC	ORT MYERS LLC		
☐ Articles of Incorporation/Authorization to Transact Business☐ Amendment				
✓ Change of Agent☐ Reinstatement☐ Conversion				
☐ Merger ☐ Dissolution/Withdrawal				
☐ Fictitious Name				
_	d Amount: \$25 Ryan Chasteen			

F: +852.2682.9790



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Date:_	08/21/2025				
Name:	Ryan Chasteen	_			
Refere	nce #: 2867144	_			
Entity i	Name: MW OF FO	ORT MYERS LLC			
	Articles of Incorporation/Authorization				
	Amendment				
✓ Change of Agent					
	Reinstatement				
	Conversion				
	Merger				
☐ Dissolution/Withdrawal					
Fictitious Name					
	Other				
Author	ized Amount: \$25				
Signat	ure: Ryan Chasteen				



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.

l. Na	nne of the limited liability company: MW OF	FORT	MYERS LLC
2. (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)
	No Change		No Change
	September 21, 2023	_	L23000439661
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CT CORPORATION SYSTEM		
(,	Registered Agent and Registered Office shown on the records o	f the Florida Di	ept. of State:
	1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
			2025
	PLANTATION F	_L 33324	A
	COGENCY GLOBAL INC.		<u></u>
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office addre	
	Take that the street to see and or see see see see	d Company	<u>sss:</u>
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahassas	32301	
	Tallahassee , F	L_32301	
the cha agent v was/wa	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registe liability com of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
/s	/ Andrew DiPasquale		Andrew DiPasquale
	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and agions of all statutes relative to the proper and complet igations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	gree to act in e performan led for in Cha I hereby conj	t this capacity. I further agree to comply with the see of my duties, and I am familiar with and accep apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
	m Mayville		
Signatu	re of Registered Agent Tim Mayville, Assistant Se	cretary	

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