

M14000008215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

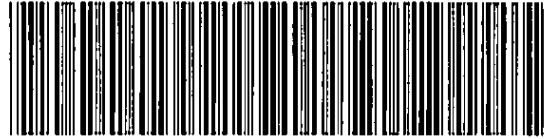
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TALLAHASSEE, FLORIDA

2023 NOV -2 AM 8:52

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DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

2023 NOV -2 PM 4:08



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2023

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: FT. MYERS EASTWOOD VILLAGE, LLC
Ref. Number: M14000008215

We have received your document for FT. MYERS EASTWOOD VILLAGE, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete 5 (a).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 023A00025611

RECEIVED
2023 NOV - 7 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 100040 8039546

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : October 31, 2023

ORDER TIME : 10:30 AM

ORDER NO. : 100040-009

CUSTOMER NO: 8039546

CHANGE OF AGENT

NAME: FT. MYERS EASTWOOD VILLAGE,
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS: _____

**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.

1. Name of the limited liability company: FT. MYERS EASTWOOD VILLAGE, LLC

2. (a) 7077 KEELE ST, STE. 102 (b) 7077 KEELE ST, STE. 102

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

CONCORD, ON L4K-0B6 CA

CONCORD, ON L4K-0B6 CA

11/13/2014

M14000008215

3. Date of filing/registration in Florida

4. Document number

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

CAPITOL CORPORATE SERVICES, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

515 EAST PARK AVENUE 2ND FL

TALLAHASSEE, FL 32301

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

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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.

Jill E. Cilmi
Signature of a member or authorized representative of a member

Jill Cilmi, Vice President

Printed or typed name of signee

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.

Grace E. Kirby
Signature of Registered Agent

Grace E. Kirby, Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00