MIR 000005451

(R	equestor's Name)	.
(Ad	ddress)	
(Ad	ddress)	
(Ci	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(D	ocument Number)	
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Special Instructions to	Filing Officer:	
		

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R. WHITE JAN 23 2020

COVER LETTER

LIBERTY CONSHOR, LLC UBJECT:					
Name of Limited Liability Company					
ear Sir or Madam:					
ne enclosed Registered Agent/Registered Off	fice Change and	I fee(s) are submitted for filing.			
ease return all correspondence concerning th	is matter to the	following:			
oby Johnson					
Name of Person					
berty Conshor, LLC					
Firm/Company					
/102 Alico Center Road, Unit # 2					
Address					
. Myers, FL 33967					
City/State and Zip Code					
johnson@libertyconshor.com					
E-mail address: (to be used for future and	iual report noti	fication)			
or further information concerning this matter.	, please call:				
oni Doub	239	301-5000			
Name of Person	at (Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following	amount:				
■ \$25 Filing Fee WCV # 1387		55 Filing Fee & Certified Copy			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

ursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company abmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

(a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 65 Allerton Street	(b)		
(4) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(c	· /		
	65 Allerton Street			•	mited liability company: <u>POST OFFICE BOX</u>)
			17102 Ali	ico Center Road	
	Boston, MA 02119		Ft. Myers	. FL 33967	
1	07/10/2015		600274846	606	
-	Date of filing/registration in Florida	4.		Document numb	per
(a)				_	
1	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of Sta	te:	
	Walter McDonough				
	Registered Office Address (MUST BE FLORIDA STREET	TADDRESS	2		<u>na</u>
	1100 Central Blvd., Suite 1400				2819 6
	Pompano Beach F	.L_33064		_	2
					0
(b) _				_	
•	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office ad	<u>dress</u> :		
	Toby Johnson				50
	NEW Registered Office Address:		·	_	
	17102 Alico Center Road, Unit # 2			_	
	Ft. Myers	33967			
	· · ·	L/			
the lir	nited liability company is not organized under the la or changes are made, the Florida street address of th	ws of the	State of Fl	orida, it is hereby	confirmed that after the
ent w	ill, be identical.\Or. in the\case of a Florida limited I	iability co	mpany, it i	s hereby confirm	ed that the change(s)
is/wer Partic	e authorized by an affirmative vote of the members less of organization or the operating agreement of the	12 4 14	1 1 112.		·
	N 10-N	- mmea (N. 170	K. McDa	Ments (rainer)
Signat a	re of a member or authorized representative of a member	(/	1011	Printed or typed na	une of signee
ovisió 2 oblig merel	w accept the appointment as registered agent and agens of all statutes relative to the proper and complete gations of my position as registered agent as providely reflect a change in the registered office address, I in writing of this change.	gree to act e performa ed for in C hereby co	in this cap ince of my hapter 602 infirm that	acity. I further a duties, and I am) 5, F.S. Or, if this the limited liabili	gree to comply with the familiar with and accept document is being filed ity company has been
onalite	of Registered Agent				