705000038480

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

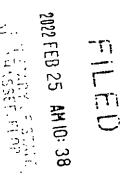
Office Use Only



400382084724

RA & RO change

02/25/22--01009--014 **35.00



A. RAMSEY MAR 02 2022



February 15, 2022

LINDA LAIRD 2570 PALO DURO BOULEVARD NORTH FORT MYERS, FL 33917 US

SUBJECT: LINDA ATKINSON, P.A.

Ref. Number: P05000038480

We have received your document for LINDA ATKINSON, P.A. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6823.

Letter Number: 622A00003736

Annette Ramsey OPS

www.sunbiz.org

COVER LETTER

Amendment Section

TO:

Division of Corporations
SUBJECT: A/NDA LAME OF Corporation
DOCUMENT NUMBER: POSOOO 384FO
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person
Firm/Company 2570 PALO DUNO BLVD Address ADNTH FUNT MY KUS, FL 39 917 City/State and Zip Code
NONTH FUNT MY EUS, FG 39 917 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (941) 661-4294 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607,0502, 617,0502, 607,1508, or 617,1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida. in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation:
2. The principal office address: 323 5. CAAHBELLAY BUVD NOX) H BONT, T-6 34286
3. The mailing address (if different):
4. Date of incorporation/qualification: 3-4-05 Document number: P05-0000 36480
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
John C. Heekin.
Port Charlotte, FL -33952
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
LINDA KAIRA 3
P.O. Box NOT acceptable
MOATH FOXI MYENS, FL 3391>
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
Signature of a officer of director Line Printed or typed name and title Printed or typed name and title
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.
Signature of Regionered Agent Date
If signing on behalf of an entity:
Typed or Printed Name
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)