

L14000101642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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OFFICE OF CORPORATIONS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: North Port Holdings LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Packer

Name of Person

North Port Holdings LLC

Firm/Company

1 Las Olas Circle uit 606

Address

Fort Lauderdale Florida 33316

City/State and Zip Code

chrispacker@barefoot-inc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Packer at ( 571 ) 238-5069  
Name of Person 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

\$55 Filing Fee & Certified Copy

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REGISTRATION SECTION  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE 2022 DEC 19 PM 3:41  
Division of Corporations

November 30, 2022

CHRISTOPHER PACKER  
1 LAS OLAS CIRCLE  
UNIT 606  
FORT LAUDERDALE, FL 33316

SUBJECT: NORTH PORT HOLDINGS LLC  
Ref. Number: L14000101642

We have received your document for NORTH PORT HOLDINGS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall  
OPS Clerk

Letter Number: 722A00026482

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DIVISION OF CORPORATIONS

**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: North Port Holdings LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
1 Las Olas Circle Unit 606  
Fort Lauderdale FL 33316

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
PO Box 2249  
Fort Lauderdale FL 33303

3. 06-25-2014 Date of filing/registration in Florida

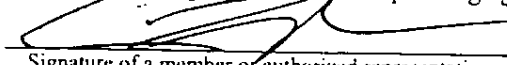
4. L14000101642 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Christopher Packer  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
6750 N Andrews Ave Suite 200  
Fort Lauderdale, FL 33309

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Christopher Packer  
NEW Registered Office Address:  
1 Las Olas Circle Unit 606  
Fort Lauderdale, FL 33316

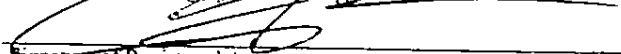
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 DIVISION OF CORPORATIONS

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.

  
 Signature of a member of authorized representative of a member

Christopher Packer  
 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.*

  
 Signature of Registered Agent