

1160000 86 703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

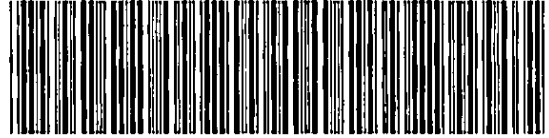
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100327516601

04/11/19--01018--013 **55.00

FILED
2019 APR 11 PM 2:55
Filing Office
MILWAUKEE, WI

R. WHITE
APR 17 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1609 Patricia 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:

Kurt Matarazzo
Name of Person

1609 Patricia LLC
Firm/Company

1609 Patricia St.
Address

Key West FL 33010
City/State and Zip Code

~~1609 Patricia LLC~~ KURT.MATARAZZO@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kurt Matarazzo at (305) 304 5819
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

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: 1609 Patricia LLC

2. (a) 1609 Patricia St Principal office address of limited liability company: (Note: **MUST BE STREET ADDRESS**)
 (b) 1609 Patricia St Mailing address of limited liability company: (Note: **MAY BE POST OFFICE BOX**)

Yee West, FL 33040 Yee West, FL 33040

OF CHANGE OF REGISTERED OFFICE

3. Date of filing/registration in Florida _____ 4. Document number _____

5. (1) ~~XXXXXXXXXX~~ US Corporation Agents, Inc Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 Winding Oak Court A Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Tampa, FL 33612

(2) VURT MATARAZZO Enter name of NEW Registered Agent and/or NEW Registered Office address:

1609 Patricia St NEW Registered Office Address:
Yee West, FL 33040

FILED
 2019 APR 11 PM 2:55
 STATE OF FLORIDA
 TALLAHASSEE OFFICE

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.

Vurt Matarazzo Signature of a member or authorized representative of a member
VURT MATARAZZO Printed or typed name of signer

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.

Vurt Matarazzo Signature of Registered Agent