

L17000002730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

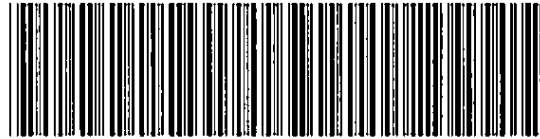
(Document Number)

Certified Copies _____

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CLERK OF STATE
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

Please use funds from this account: I20210000160: \$25.00

Authorization Signature: _____:

13225 SOUTHFIELDS ROAD HOLDINGS LLC

L17000027230

BUSINESS NAME

DOCUMENT #

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit Corp
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other
- ☐ CORP
- ☐ LLLP

AMMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A. Officer/Director
- ☒ **Change of Registered Agent**
- ☐ Revocation of Dissolution
- ☐ Merger
- ☐ Articles of Conversion
- ☐ Amended and restated Articles
- ☐ Statement of Authority

OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name
- ☐ APOSTILLE
- ☐ Country

REGISTRATION/QUALIFICATIONS

- ☐ Foreign filing
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 13225 Southfields Road Holdings LLC.
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fees are submitted for filing

Please return all correspondence concerning this matter to the following

Arthur C. O'Brien
Name of Person

13225 Southfields Road Holdings LLC
Firm/Company

13225 Southfields Road
Address

Wellington FL, 33414
City/State and Zip Code

arthurcobrienmail@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arthur C. O'Brien at 845 667-0571
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

☐ \$551 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, F.S., the undersigned limited liability company
submits the following statement in order to change its registered office, registered agent, or both, in the State of Florida

1. Name of the limited liability company: 13225 Southfields Road Holdings LLC

2. (a) _____
Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)

3. May 23, 2023 Date of filing registration in Florida

L17000027230 Document number

5. (a) Joshua Pinsty
Registered Agent and Registered Office shown on the record of the limited liability company in the State of Florida

6499 Bowerline Rd, Fort Lauderdale FL, 33309
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

"Rosenberg + Pinsty" 6499 Bowerline Rd, #304
Fort Lauderdale, FL 33309

(b) Arthur C. O'Brien
Enter name of NEW Registered Agent and/or NEW Registered Office

Arthur C. O'Brien
NEW Registered Office Address:

13225 Southfields Road
Wellington FL 33414

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CLERK OF STATE
TALLAHASSEE, FL

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.

Arthur C. O'Brien Signature of a member or authorized representative

Arthur C. O'Brien Printed name of signee

I hereby accept the appointment as registered agent of the limited liability company and 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 in the statutes of the State of Florida. Or, if this document is being filed to merely reflect a change in the registered office address of the limited liability company, I hereby certify that the limited liability company has been notified in writing of this change.

Arthur C. O'Brien
Signature of Registered Agent