

L22660173560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

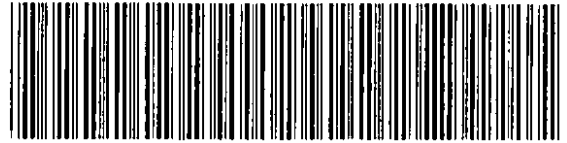
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

No new registered agent

Office Use Only



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07/17/23 12:30:12

07/21/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Path of Integration, 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:

Andrea Segal
Name of Person

Path of Integration, LLC
Firm/Company

18117 Biscayne Blvd PMB 61914
Address

Miami, FL 33160
City/State and Zip Code

andrea.beth.segal@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Segal at (305) 299-9401
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

**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: Path of Integration, LLC

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

14560 Red Fox Run Apt 515
Naples, FL 34110

14560 Red Fox Run Apt 51
Naples, FL 34110

4/11/22

L22000173560

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

5. (a) Andrea Segal I recently changed
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: the principal and
mailing address of
LLC online, but I d
think the changes w
through yet so I u
the old addresses
this form.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

14560 Red Fox Run Apt 515
Naples, FL 34110

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

18117 Biscayne Blvd PMB 61914
Miami, FL 33160

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.

Andrea Segal

Signature of a member or authorized representative of a member

Andrea Segal

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.

Andrea Segal

Signature of Registered Agent