# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**MNGR** 

#### SIGNATURE: LISA ZEPEDA

Electronic Signature of Signing Authorized Person(s) Detail

## DOCUMENT# L15000164529

### Entity Name: 1 STOP DOCUMENT AND FORM FILING SERVICE LLC

## **Current Principal Place of Business:**

2101 VISTA PARKWAY STE 120 WPB, FL 33411

#### **Current Mailing Address:**

2101 VISTA PARKWAY STE 120 WPB, FL 33411 UN

#### FEI Number: 47-5181709

#### Name and Address of Current Registered Agent:

ZEPEDA, LISA 2101 VISTA PARKWAY STE 120 WPB, FL 33411 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE:

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

TitleMGRNameZEPEDA, LISAAddress2101 VISTA PARKWAYCity-State-Zip:WPB FL 33411

FILED Apr 23, 2018 Secretary of State CC5749396420

#### Certificate of Status Desired: No

Date

04/23/2018 Date