

L02000006158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

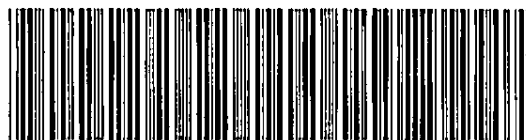
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400330346344

06/24/19--01028--024 **35.00

2019 JUL 31 PM 2:57

R WHITE

AUG 01 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cypress Business Services LLC
Name of Corporation

DOCUMENT NUMBER: L02000006158

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard Korecki

Name of Contact Person

Cypress Business Services LLC

Firm/Company

2128 Ventana Dr

Address

Coraopolis, PA 15108

City/State and Zip Code

rkorecki@infoemergence.com

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

For further information concerning this matter, please call:

Richard Korecki

Name of Contact Person

at (239) 405-0730

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 5, 2019

RICHARD KORECKI
2128 VENTANA DR
CORAPOLIS, PA 15108

SUBJECT: CYPRESS BUSINESS SERVICES LLC
Ref. Number: L02000006158

We have received your document for CYPRESS BUSINESS SERVICES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 019A00013629

2019 JUL 31 AM 11:11

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CYPRESS BUSINESS SERVICES 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:

RICHARD KORECKI
Name of Person

CYPRESS BUSINESS SERVICES LLC
Firm/Company

2128 VENTANA DR, CORAOPOLIS, PA 15108
Address

City/State and Zip Code

RKORECKI@INFOEMERGENCE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD KORECKI at (239) 405 0730
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: CYPRESS BUSINESS SERVICES LLC

2. (a) 2128 VENTANA DR (b) 2128 VENTANA DR
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

CORACOPOLIS, PA 15108 CORACOPOLIS, PA 15108

3. 3/15/2002 4. L02000006158
Date of filing/registration in Florida Document number

5. (a) SUSAN KORECKI
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

21703 WINDHAM RUN
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
ESTERO, FL 33928
_____, FL _____

(b) LAUREN MORETZ
Enter name of NEW Registered Agent and/or NEW Registered Office address:

20011 BARLETTA LN #2124
NEW Registered Office Address:

ESTERO, FL 33928

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]
Signature of a member or authorized representative of a member

RICHARD KORECKI
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.

Lauren Moretz
Signature of Registered Agent

Lauren Moretz