

LD40000 21501

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

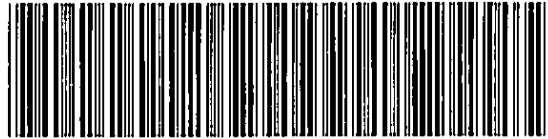
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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
APR 11 2025

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2025 APR 10 PM 12:16
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J. HORNE
APR 11 2025

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

1215, LLC

Please Debit FCA000000003 For: 25

Thank you Seth Neeley



____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

COVER LETTER

TO: Registration Section
Division of Corporations

1215, LLC

SUBJECT: _____
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:

Thomas D. Shanahan, Esq.

Name of Person

Thomas D. Shanahan, P.C.

Firm/Company

2301 Wilton Drive, Suite C1-A

Address

Wilton Manors, Florida 33305

City/State and Zip Code

pamriccio1367@gmail.com

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

For further information concerning this matter, please call:

Thomas D. Shanahan

207

252-9159

at ()

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.

1215, LLC	
1. Name of the limited liability company:	1215 North Ocean Drive, Hollywood, FL 33019
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
1	
4/12/2021	LO4000021501
3. Date of filing/registration in Florida	4. Document number
Pamela Riccio	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
2765 North East 14th Street, Penthouse 2	
Fort Lauderdale	33304
	, FL
Thomas D. Shanahan, Esq.	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address :	
c/o Thomas D. Shanahan, P.C.	
NEW Registered Office Address:	
2301 Wilton Drive	
Wilton Manors	33305
	, 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.

Pamela Riccio
Signature of a member or authorized representative of a member

Pamela Riccio
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.

[Signature]
Signature of Registered Agent

**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.

1215, LLC	
1. Name of the limited liability company: _____	_____
1215 North Ocean Drive, Hollywood, FL 33019	1215 North Ocean Drive, Hollywood, FL 33019
2. (a) _____	(b) _____
Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>)	Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>)
1 _____ _____	_____ _____
4/12/2021	1.04000021501
3. Date of filing/registration in Florida	4. Document number
Pamela Ricco	
5. (a) _____	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Registered Office Address <u>(MUST BE FLORIDA STREET ADDRESS)</u>	
2765 North East 14th Street, Penthouse 2	
Fort Lauderdale	33304
_____ FL _____	
Thomas D. Shanahan, Esq.	
(b) _____	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
c/o Thomas D. Shanahan, P.C.	
<u>NEW Registered Office Address</u> :	
2301 Wilton Drive	
Wilton Manors	33305
_____ FL _____	

FILED
2025 APR 10 PM 12:15

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 of a member or authorized representative of a member

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.

Signature of Registered Agent