h05000064135

(Requestor's Name)	
(Address)	
(Address)	
(//0/035)	
(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
(Locument Number)	
Certified Copies Certificates of Status	<u>-</u> _
Special Instructions to Filing Officer:	
opeoid instructions to rining context.	
_	
I HORNE	
J. HORNE MAY - 3 2022	
MAY	ł
4 10	٦Ì

•

۰. ۲

L



03/31/22--01006--021 **35.00

FILED



COVER LETTER

TO: **Registration Section** Division of Corporations

idnight Hantwers, LLC Name of Limited Liability Company SUBJECT:

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:

Bruce B. Ginsberg

Firm/Company

033 Bernini P lace

arasota, FL 34240 City/State and Zip Code

Yourdealmaker & comcast, net E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruce B. Ginsberg at (941) 416-0019 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



bod

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 18, 2022

BRUCE B GINSBERG 9033 BERNINI PLACE SARASOTA, FL 34240 US

SUBJECT: MIDNIGHT PARTNERS, LLC Ref. Number: L05000064135

 \mathcal{Z} m 29 \cap m m Θ ယ

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. 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.

Jasmine N Horne Regulatory Specialist II

Letter Number: 122A00009051

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.

Name of the limited liability company: 1. 4033 2. 0 Principal office address of limited liability company: Mailing address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX) 5000064135 06128 2005 3. Date of filing/registration in Florida Document number 5. (a) Florida Dept. of State: Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST BE FLORIDA STREET ADDRESS) (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: ŝ NEW Registered Office Address: S S 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. Printed or typed name of signee signature of a member or authorized representative of member

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.

2n Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00