

LOS 0000 70750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

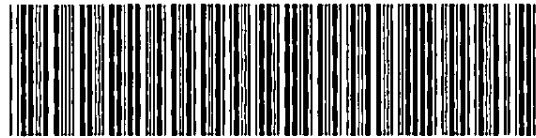
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600355870586

12/14/20--01023--024 \*\*25.00

FILED  
2020 DEC 14 AM 7:36  
SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS

JAN 27 2021

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Herig 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:

Jeffery A. Herig  
Name of Person

Herig LLC  
Firm/Company

355 MC Davis Loop Apt. 7101  
Address

Santa Rosa Beach, FL 32459  
City/State and Zip Code

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

For information concerning this matter, please call:

Jeff Herig at ( 850 ) 273-2400  
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:

☒ 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: Herig 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**)

355 MC Davis Loop Apt. 7101 355 MC Davis Loop Apt. 7101  
Santa Rosa Beach, FL 32459 Santa Rosa Beach, FL 32459

07/19/2005 L05000070750  
Date of filing/registration in Florida Document number

(a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Jeffery A. Herig  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
2570 Carthage Lane  
Tallahassee, FL 32312

) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
355 MC Davis Loop Apt. 7101  
Santa Rosa Beach, FL 32459

ited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the changes are made, the Florida street address of the registered office and the business office of the registered be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in of organization or the operating agreement of the limited liability company.

Jeffery A. Herig  
a member or authorized representative of a member

Jeffery A. Herig  
Printed or typed name of Signee

cept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the full statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ns of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed lect a change in the registered office address, I hereby confirm that the limited liability company has been iting of this change.

Jeffery A. Herig  
Registered Agent

FILED  
2020 DEC 14 AM 7:36  
SECRETARY OF STATE  
TALLAHASSEE, FL