

L060000085320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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J. SAULSBERRY  
EXAMINER  
OCT 3 2013

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, 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: Safenterprise LLC
2. (a) Principal office address of limited liability company: 78 Missions Blvd #106  
Sanford FL 32771  
**(Note: MUST BE STREET ADDRESS)**
- (b) Mailing address of limited liability company: 78 Missions Blvd #106  
Sanford FL 32771  
**(Note: MAY BE POST OFFICE BOX)**
- 08/29/2006 L06000085320
3. Date of filing/registration in Florida 4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Agent: United States Corporation Agents, Inc
- Registered Office Address: 13302 Winding Oaks Blvd.  
Suite A-100  
Tampa FL 33612-3425
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
- NEW Registered Agent: Village Tax Services LLC
- NEW Registered Office Address: 100 N Elliott Ave  
**(MUST BE FLORIDA STREET ADDRESS)**  
Sanford, FL 32771

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.

Jeraldine M Fitzgerald  
Signature of a member or authorized representative of a member

Jeraldine M Fitzgerald (MGRM)  
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 608, 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

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