

L06 000 111853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

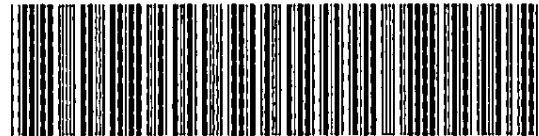
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300355794883

01/08/21--01019--008 **25.00

Rolch

FEB 17 2021
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BUROH 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:

PEGGY B. OHMAN
Name of Person

BUROH LLC
Firm/Company

PO BOX 20368
Address

SARASOTA FL 34276
City/State and Zip Code

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

For further information concerning this matter, please call:

PEGGY OHMAN at (941) 685-7453
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.

1. Name of the limited liability company: BURON, LLC
2. (a) 8835 MIDNIGHT PASS RD. (b) PO BOX 20368
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
SARASOTA, FL 34242 SARASOTA FL 34226
3. 11/20/2006 4. 40600011853
Date of filing/registration in Florida Document number
5. (a) PEGGY B. OHMAN
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
8835 MIDNIGHT PASS RD
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
SARASOTA FL
FL 34242
- (b) -
Enter name of NEW Registered Agent and/or NEW Registered Office address:
15 PARADISE PLAZA, #187
NEW Registered Office Address:
SARASOTA FL FL 34239

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.

Peggy B. Ohman
Signature of a member or authorized representative of a member

PEGGY B. OHMAN
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.

Peggy B. Ohman
Signature of Registered Agent