

LD6000123018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

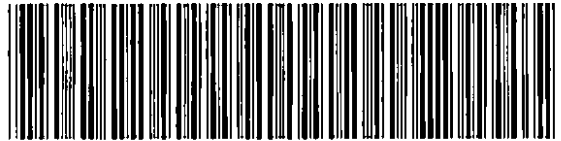
(Business Entity Name)

(Document Number)

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2021 JAN 14 PM 2:12
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O SIMMONS

JAN 15 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 614611 7391888
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : January 14, 2021
ORDER TIME : 9:50 AM
ORDER NO. : 614611-005
CUSTOMER NO: 7391888

CHANGE OF AGENT

NAME: PROBATE RECOVERY SYSTEMS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Probate Recovery Systems, 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:

Krystol Fanning

Name of Person

Probate Recovery Systems, LLC

Firm/Company

2401 W. Bay Drive, Suite 414

Address

Largo, FL 33770

City/State and Zip Code

Krystol.Gunnin@ProbateRecovery.com

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

For further information concerning this matter, please call:

Krystol Fanning

727-585-2100

Name of Person

at (_____) _____

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: Probate Recovery Systems, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
2401 W. BAY DR., STE 414 LARGO, FL 33770

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
P.O. BOX 40 LARGO, FL 33779

3. 12/28/2006 Date of filing/registration in Florida

4. L06000123018 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
VANBEUNING, WILLIAM S

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
2401 W. BAY DR., STE 414 LARGO, FL 33770

FL

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Corporation Service Company

NEW Registered Office Address:

1201 Hays Street

Tallahassee, FL 32301

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] Director of Kristel Fanning
Signature of a member or authorized representative of a member Printed or typed name of signer
Probate Recovery Systems, LLC

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