

# L080000108254

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

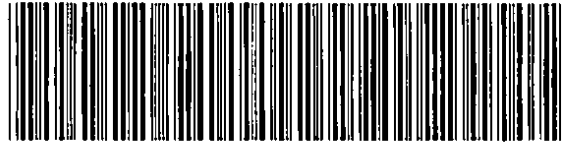
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only




900376920779

2021 DEC 21 AM 8:50  
COURT

2021 DEC 21 AM 11:49  
RECEIVED  
TO ASSISTANT

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

ACCOUNT NO. : I20000000195  
REFERENCE : 329807 7678203  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

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ORDER DATE : December 14, 2021  
ORDER TIME : 10:11 AM  
ORDER NO. : 329807-001  
CUSTOMER NO: 7678203  
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CHANGE OF AGENT

NAME: INDUSTRIAL MECHATRONIC  
SERVICES, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Industrial Mechatronic Services 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:

ANTHONY Passidente  
Name of Person

I. M. S., LLC  
Firm/Company

2860 63rd Street N.  
Address

Saint Petersburg, FL 33710  
City/State and Zip Code

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

For further information concerning this matter, please call:

ANTHONY Passidente at (352) 235-5058  
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: Industrial Mechatronic Services, LLC
2. (a) 2860 63rd St. N Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
Saint Petersburg, FL 33710
- (b) 2860 63rd St. N Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
Saint Petersburg, FL 33710
3. NOVEMBER 21, 2008 Date of filing/registration in Florida
4. L08000108254 Document number

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

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

\_\_\_\_\_, FL \_\_\_\_\_

- (b) Anthony Passidente  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

2860 63rd Street N  
**NEW Registered Office Address:**  
Saint Petersburg  
\_\_\_\_\_, FL 33710

2021 DEC 21 AM 8:50  
SECRET  
TALLAHASSEE

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]  
Signature of a member or authorized representative of a member

Anthony Passidente  
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.*

[Signature]  
Signature of Registered Agent

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