

L090000 014 270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

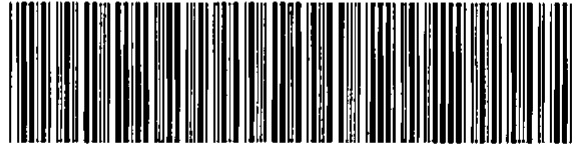
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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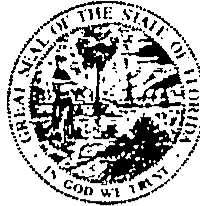


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07/22/19--01021--017 **25.00

FILED
2019 AUG -7 PM 2:23.00
SECRETARY OF STATE
TALLAHASSEE, FL

AUG 07 2019
C. Kinsey



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2019

SUZETTE MOORE
2690 S COMBEE RD
LAKELAND, FL 33803

We have received your document for S. MOORE LAW, PLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood
Regulatory Specialist II

Letter Number: 619A00015462

8/5/19
Please see revision
attached.

Thank you
S. Moore

2019 AUG -7 AM 10:04

RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S. MOORE LAW, PLLC

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:

SUZETTE MOORE

Name of Person

S. MOORE LAW, PLLC

Firm/Company

2690 S. COMBEE ROAD

Address

LAKELAND, FLORIDA 33803

City/State and Zip Code

S.MOORE@SMOORELAW.COM

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

For further information concerning this matter, please call:

SUZETTE MOORE

at (863) 229-2140

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: S. MOORE LAW, PLLC

2. (a) 2690 S. COMBEE ROAD (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)

LAKELAND, FLORIDA 33813

02/12/2009

L09000014270

3. Date of filing/registration in Florida 4. Document number

5. (a) SUZETTE MOORE

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4720 CLEVELAND HEIGHTS BLVD.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 201

LAKELAND, FL 33813

(b) ~~S. MOORE LAW, PLLC~~ Suzette Moore

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

NEW Registered Office Address:

2690 S. COMBEE ROAD

LAKELAND, FL 33803

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 of a member or authorized representative of a member

SUZETTE MOORE

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 of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
2019 AUG - 7 PM 2:23
TALLAHASSEE, FL