## LC9 CCC 0 340 77

(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:						
J. HORNE						
FEB - 8 2022						
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations	
Fulmar Peanut L.L.C. SUBJECT:	
Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this ma	itter to the following:
Brian Murphy	
Name of Person	
Firm/Company	
210 Randolph Ct.	
Address	
Lake Worth, FL 33461	
Q City/State and Zip Code	
captainremom@gmail.com	
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, plea	ise call:
Brian Murphy	1-561 537-6856
Name of Person	Arca 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 amo	ount:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
/ INHS18 (2/14)	

## 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.	Na	me of the limited liability company: Fulmar Peanut L.L	.C.		
2.	(a)	David G. Lenit MGRM	(b	Daisy Ortiz	z Lenit, MGRM
	(*)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	→ (°.		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
		5033 SE Bollard Av		5033 SE Bo	ollard Av
		Stuart, FL 34997	<del>-</del>	Stuart, FL	34997
		04/22/2009	1	_090000390	77
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	David G. Lenit MGMR			
J.	(a)	Registered Agent and Registered Office shown on the records of the 5033 SE Bollard Av	ne Florida	Dept. of State	- ::
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-
		Stuart , FL	34997		FIL 2022 JAN 20 SECRL FAR FALLAHASS
	(b)	Brian Murphy			
		Enter name of NEW Registered Agent and/or NEW Registered (	Office add	lress:	
		210 Randolph Ct.			Amo: 21
		NEW Registered Office Address:			
		Lake Worth , FL	33461		-
ch ag wa	ange ent v as/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	registere bility con f the limi imited li	d office and mpany, it is ited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
_;	Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
pr the to	ovisi e obl mere	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had d in writing of thistchange.	e to act performa for in C ereby co	in this capa nce of my a hapter 605, nfirm that t	acity. I further agree to comply with the

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