

LO9000044599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

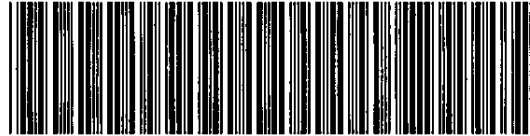
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500279563535

12/23/15--01010--028 **25.00

FILED
2015 DEC 23 PM 1:16
CLERK OF STATE
TALLAHASSEE FLORIDA

DEC 23 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sleeth Enterprises 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:

Sarah Sleeth

Name of Person

Sleeth Enterprises LLC

Firm/Company

PO Box 149852

Address

Orlando, FL 32814

City/State and Zip Code

Sarah.s@floydsbarbershop.com

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

For further information concerning this matter, please call:

Sarah Sleeth

Name of Person

at (407) 310-3977

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: Sleeth Enterprises LLC

2. (a) 3150 S Orange Ave (b) PO BOX 149852

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Suite 107
Orlando, FL 32806

Orlando, FL 32814

3. 05/07/2009 Date of filing/registration in Florida 4. LB9000044599 Document number

5. (a) Sarah Sleeth

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

~~3150 S. Orange Ave~~ 2939 Lindale Ave

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

~~Ste 107~~

~~Orlando~~ Orlando, FL ~~32806~~ 32814

(b) Sarah Sleeth

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

3150 S Orange Ave

NEW Registered Office Address:

Ste 107

Orlando, FL 32806

FILED
2015 DEC 23 PM 1:16
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

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.

Sarah Sleeth
Signature of a member or authorized representative of a member

Sarah Sleeth
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.

Sarah Sleeth
Signature of Registered Agent