

LD9000105653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

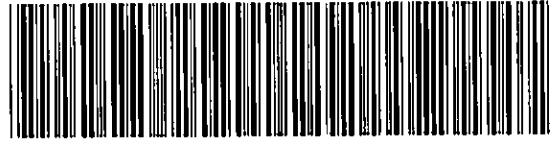
(Business Entity Name)

(Document Number)

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

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2021 OCT 26 AM 10:24

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ATLANTA, GA

24/10/21

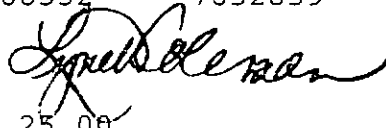
OCT 27 2021  
ALBRITTON

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

ACCOUNT NO. : I20000000195

REFERENCE : 168552 7652859

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : October 26, 2021

ORDER TIME : 10:29 AM

ORDER NO. : 168552-010

CUSTOMER NO: 7652859

CHANGE OF AGENT

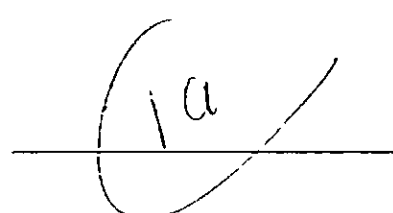
NAME: AMERICAN PAYROLL & BENEFITS,  
LLC

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:** American Payroll & Benefits 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:

Name of Person

Corporation Service Company

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

Area Code &amp; 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: American Payroll & Benefits LLC

2. (a) Principal office address of limited liability company  
*(Note: MUST BE STREET ADDRESS)*  
2935 SE 58th Street  
Ocala, FL 34480  
11/02/2009

(b) Mailing address of limited liability company.  
*(Note: MAY BE POST OFFICE BOX)*  
LD9 000105653

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

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
ANDREW S MAZZURCO

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
2935 SE 58TH AVENUE  
OCALA, FL 34480

(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.

Amy  
Signature of a member or authorized representative of a member

Amy ("Amie") McDaniel Remington  
Printed or typed name of signer

*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.*

Alexis Weid  
Signature of Registered Agent

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