

L1000022460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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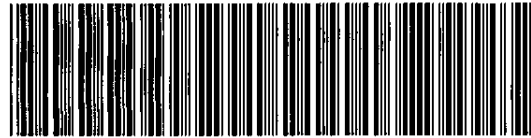
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Acevedo Networking, 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:

Gabriel I Acevedo

Name of Person

Acevedo Networking, LLC

Firm/Company

537 SE Fallon Drive

Address

Port St. Lucie, FL 34983

City/State and Zip Code

gjacevedo@att.net

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

For further information concerning this matter, please call:

Gabriel Acevedo

Name of Person

at (772)

519-4135

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 608.416 or 608.508, 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: Acevedo Networking, LLC

2. (a) Principal office address of limited liability company: 1302 Nebraska Ave

(Note: MUST BE STREET ADDRESS)

Unit 14-D
Fort Pierce, FL 34950

(b) Mailing address of limited liability company: 1302 Nebraska Ave

(Note: MAY BE POST OFFICE BOX)

Unit 14-D
Fort Pierce, FL 34950

March 1, 2010
3. Date of filing/registration in Florida

L10000022460
4. Document number

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

Registered Agent: Gabriel Acevedo
Registered Office Address: 1302 Nebraska Ave
Unit 14-D
Fort Pierce, FL 34950

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


NEW Registered Agent: _____
NEW Registered Office Address: 537 SE Fallon Drive
(MUST BE FLORIDA STREET ADDRESS) Port St. Lucie, FL 34983

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

Gabriel Acevedo
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 608, 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