

L16000051992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

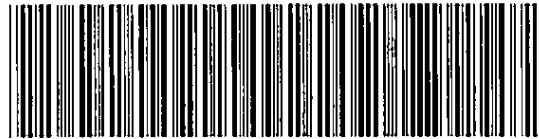
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FILED  
24 MAR 11 AM 8:57  
TALLAHASSEE, FLORIDA

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2024 MAR 11 PM 3:25  
TALLAHASSEE, FLORIDA

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 03/11/2024  
Acc#I20160000072

*en: c DW*

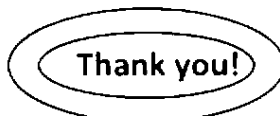
Name:	Ideal Deals, LLC
Document #:	
Order #:	15432899 - 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>	Email Address for Annual Report Notifications: <div></div>
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Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**



**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ideal Deals, 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:

Ashley Lewis

Name of Person

Ideal Deals, LLC

Firm/Company

3200 Parker Drive

Address

St Augustine, FL 32084

City/State and Zip Code

alewis@ideal-ap.net

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

For further information concerning this matter, please call:

Ashley Lewis

Name of Person

904

at ( )

417-6408

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

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. Name of the limited liability company: IDEAL DEALS, LLC
2. (a) Principal office address of limited liability company.  
(Note: **MUST BE STREET ADDRESS**)  
3200 PARKER DRIVE  
SAINT AUGUSTINE, FL 32084
- (b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
3200 PARKER DRIVE  
SAINT AUGUSTINE, FL 32084
- 05/13/2010 Date of filing/registration in Florida      L10000051992 Document number

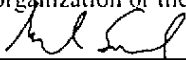
3. SIEGEL, MICHAEL
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
3200 PARKER DRIVE  
SAINT AUGUSTINE, FL 32084

- (b) C T Corporation System
- Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Office Address:  
1200 South Pine Island Road  
Plantation, FL 33324

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.



Michael Siegel

Signature of a member or authorized representative of a member

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.*

By: Mark Holloway, Assistant Secretary  
Signature of Registered Agent

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

FILED  
24 MAR 11 AM 8:58  
TALLAHASSEE, FLORIDA