

L100000068944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

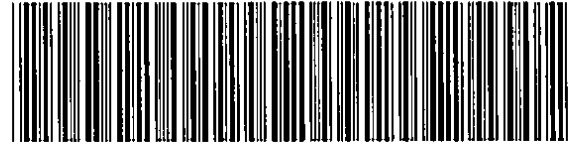
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 19 2019
TECHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

Ark Products LLC

SUBJECT: _____
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:

Erik Nelson

Name of Person

Ark Products LLC

Firm/Company

7000 Quince Ln

Address

Lake Worth, FL 33467

City/State and Zip Code

topinsuranceschool@gmail.com

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

For further information concerning this matter, please call:

Erik Nelson

561

356-4590

at ()

Name of Person

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.

Ark Products LLC

1. Name of the limited liability company: 7000 Quince Ln 7000 Quince Ln

2. (a) Lake Worth, FL 33467 (b) Lake Worth, FL 33467
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

06/28/2010

L10000068944

3. Date of filing/registration in Florida

4. Document number

Mary Nelson

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
7263 SOMERSWORTH DRIVE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Orlando 32835
, FL

Sarah Lockhart

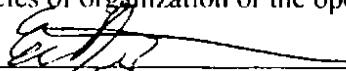
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

268 SW Crescent Ave

NEW Registered Office Address:

Port Saint Lucie 34984
, FL

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.



Erik Nelson

Signature of a member or authorized representative of a member

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.

Sarah Lockhart

Signature of Registered Agent

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19 JUN - 3 AM 10:04
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TALLAHASSEE, FLORIDA