

L11000111639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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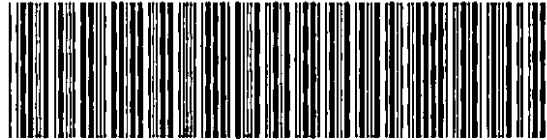
(Business Entity Name)

(Document Number)

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S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

Law offices of Powers Sellers & Finkelstein, P.L.C.

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:

Amanda Sellers

Name of Person

Law offices of Powers Sellers & Finkelstein, P.L.C.

Firm/Company

4625 East Bay Drive, Suite 313

Address

Tallahassee, FL 32303

City/State and Zip Code

fo@psffirm.com

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

For further information concerning this matter, please call:

Amanda Sellers

727

531-2926

at (_____) _____

Name of Person

Area Code & 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.

Law offices of Powers Sellers & Finkelstein, PLLC.

1. Name of the limited liability company: _____
1465 S. Fort Harrison Ave., Suite 202

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
Clearwater, FL 33756 Clearwater, FL 33756

09/29/2011

L11000111639

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

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1465 S. Fort Harrison Ave., Suite 202

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Clearwater, FL 33756

_____, FL _____

NO CHANGE IN AGENT

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

4625 East Bay Drive

NEW Registered Office Address:
Suite 313

Clearwater 33764
_____, 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) 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.

Jenna Finkelstein

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 reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.

Signature of Registered Agent

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