

L120000006004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700271314507

04/09/15--01013--011 **55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2015 APR -9 AM 10:35

CC
RA/RD/CH8
(10) 4.13.15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sherrod Holdings, 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:

Anne J. McPhee, Esq.

Name of Person

Studenberg Law

Firm/Company

1119 Palmetto Avenue

Address

Melbourne, FL 32901

City/State and Zip Code

info@studenberglaw.com

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

For further information concerning this matter, please call:

Anne J. McPhee, Esq.

at (321)

722-2420

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.

1. Name of the limited liability company: Sherrod Holdings, LLC

2. (a) 21750 Glades Cutoff Road (b) 21750 Glades Cutoff Road

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Port St. Lucie, FL 34987

Port St. Lucie, FL 34987

01/12/2012

L12000006004

3. Date of filing/registration in Florida

4. Document number

5. (a) Shawn C. Snyder

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7931 S.W. 45th Street

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Davie, FL 33328

(b) Anne J. McPhee, Esq.

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

1119 Palmetto Avenue

NEW Registered Office Address:

Melbourne, FL 32901

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.

Joan Sherrod
Signature of a member or authorized representative of a member

Joan Sherrod

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.

[Signature]
Signature of Registered Agent

FILED STATE
SECRETARY OF CORPORATION
2015 APR -9 AM 10:35