

L120000007649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

L12-7649

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08/26/13--01036--003 \*\*35.00

N. Culligan OCT - 3 2013



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 12, 2013

EVON MIPEI  
8907 SUNSCAPE LANE  
BOCA RATON, FL 33496

SUBJECT: STICKS AND PICKS LLC  
Ref. Number: L12000007649

We have received your document for STICKS AND PICKS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 113A00021458

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STICKS AND PICKS  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EVON MIDEI

Name of Person

STICKS AND PICKS

Firm/Company

8907 SUNSCAPE LANE

Address

BOCA RATON FL 33496

City/State and Zip Code

EVONMIDEI@GMAIL.COM

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

For further information concerning this matter, please call:

EVON MIDEI

Name of Person

at ( 484 ) 951-1575

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: STICKS AND DICKS LLC
2. (a) Principal office address of limited liability company: 8907 SUNSCAPE LANE  
(Note: **MUST BE STREET ADDRESS**) BOCA RATON FL 33496
- (b) Mailing address of limited liability company: 8907 SUNSCAPE LANE  
(Note: **MAY BE POST OFFICE BOX**) BOCA RATON FL 33496
3. Date of filing/registration in Florida: 4-17-13
4. Document number: L 1200000 7649
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Registered Agent: Corporation Service Company  
Registered Office Address: 1201 Hayes St.  
Tallahassee, FL 32301
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
**NEW Registered Agent:** EVON MIDEI  
**NEW Registered Office Address:** 8907 SUNSCAPE LANE  
(**MUST BE FLORIDA STREET ADDRESS**) BOCA RATON, FL 33496

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.

Evon L. Midei  
Signature of a member or authorized representative of a member

EVON L. MIDEI  
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 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.

Evon L. Midei  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA