

L12000029521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan APR 16 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Angler 21 LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Krzystof Grzebieniowski

Name of Person

Firm/Company

784 Dream Island Rd

Address

Longboat Key, FL 34228

City/State and Zip Code

grzebieniowski@yahoo.com

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

For further information concerning this matter, please call:

Krzystof Grzebieniowski

Name of Person

at (941)

504-0414

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: Angler 21 LLC

2. (a) Principal office address of limited liability company: 784 Dream Island Rd

(Note: **MUST BE STREET ADDRESS**) Longboat Key, FL 34228

(b) Mailing address of limited liability company: 784 Dream Island Rd

(Note: **MAY BE POST OFFICE BOX**) Longboat Key, FL 34228

3. Date of filing/registration in Florida 3/1/2012 4. Document number L12000029521

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

Registered Agent: Andrea M Whitehead

Registered Office Address: 4506 Shamrock Rd
Tampa, FL 33611

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

NEW Registered Agent: Krzysztof Grzebieniowski

NEW Registered Office Address: 784 Dream Island Rd

(MUST BE FLORIDA STREET ADDRESS) Longboat Key, FL 34228

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.

Signature of a member or authorized representative of a member

Russell Renningore
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 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.

Krzysztof Grzebieniowski
Signature of Registered Agent

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