

L13000021674

(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



500252734055

10/24/13--01005--013 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 OCT 24 PM 1:49

FILED

OCT 25 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sweeties Downtown Destin 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:

Robert Shahid
Name of Person

Sweeties Downtown Destin LLC
Firm/Company

P.O. Box 6973
Address

Miramar Bch FL 32550
City/State and Zip Code

rjshahid@aol.com
E-mail address: (to be used for future annual report notification)

FILED
2018 OCT 24 PM 1:49
CLERK OF STATE
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

Robert Shahid at (850) 837-1627
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 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: Sweeties Downtown Destin LLC

2. (a) Principal office address of limited liability company: 960 Hwy 98 #110
Destin FL
32541
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: P.O. Box 849
Destin FL
32540
(Note: **MAY BE POST OFFICE BOX**)

2/8/2013
3. Date of filing/registration in Florida

L13000021674
4. Document number

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

Registered Agent:

William L. Ketchersid

Registered Office Address:

1241 Airport Rd
Suite H
Destin FL 32541

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

NEW Registered Agent:

Robert J Shahid

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

960 Hwy 98
#110
Destin FL 32541

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

Robert Shahid

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.

Signature of Registered Agent

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

FILING FEE: \$25.00

20130208 PM 1:49
FILED
DEPT. OF STATE
TALLAHASSEE, FLORIDA