

L13000101217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

: Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Additional Instructions to Filing Officer:

Office Use Only



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2023 JAN 13 AM 9:30  
OFFICE OF STATE  
CLERK

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2023 JAN 17 3:07  
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CLERK

AFTER

JAN 17 2023

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 1/13/2023

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1110802

**ORDER ENTITY**

LIMITLESS INVESTMENT & CAPITAL L.L.C.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

LIMITLESS INVESTMENT & CAPITAL L.L.C. ( FL )

File the attached change of agent document

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM" or similar initials.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Limitless Investment & Capital L.L.C.  
\_\_\_\_\_  
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:

Michael A. Roberts

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

2200 E. Williams Field Rd., #200

\_\_\_\_\_  
Address

Gilbert, AZ 85295

\_\_\_\_\_  
City/State and Zip Code

mike@limitlessinvestmentandcapital.com

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

For further information concerning this matter, please call:

Karla Roberts / Titus Brueckner & Levine, PLLC      480      309-8815  
\_\_\_\_\_  
Name of Person      at (      )      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.*

1. Name of the limited liability company: Limitless Investment & Capital L.L.C.
2. (a) \_\_\_\_\_ (b) c/o Michael A. Roberts  
Principal office address of limited liability company: \_\_\_\_\_ Mailing address of limited liability company: \_\_\_\_\_  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
100 Ashley Drive, Suite #600 2200 E. Williams Field Rd., Suite #200  
Tampa, FL 33602 Gilbert, AZ 85295  
07/17/2013 L13000101217
3. Date of filing/registration in Florida 4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
CT Corporation System  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1200 S. Pine Island Rd. #250  
Plantation, FL 33324

- (b) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
SunDoc Filings Incorporated  
NEW Registered Office Address:  
3458 Lakeshore Drive  
Tallahassee, FL 32312

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

\_\_\_\_\_  
Michael A. Roberts

\_\_\_\_\_  
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.*

/s/ Stan Huser  
Signature of Registered Agent