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SECRETARY OF STATE

### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: Schlabach Enterprises, 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:

## Jordan Schlabach

Name of Person

## Schlabach Enterprises, LLC

Firm/Company

5885 Ibis St.

Address

Sarasota/FL 34241

City/State and Zip Code

## JASmarketplatz@gmail.com

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

For further information concerning this matter, please call:

## Jordan Schlabach

<sub>at</sub> 941

447-2212

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: Schlabach Ente	rprises, LLC.	2
2. (a) Principal office address of limited liability composite (Note: MUST BE STREET ADDRESS)	pany: 5886 Ibis St. Sarasota Fl. 34241	na SP
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	8201 S. Tamiami Trail Space# 50 Sarasota FL 34238	25 PM Z
July 20, 2013	L13000 106 405	RIDA
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown	on the records of the Florida De	ept. of State:
Registered Agent:	Jordan Schlabach	
Registered Office Address:	3434 Bahia Vista St. Sarasota FL 34239	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address:	NEW Registered Office addre	<u></u>
(MÜST BE FLORIDA STREET ADDRESS)	Sarasota	.FL 34238
If the limited liability company is not organized under confirmed that after the change or changes are made, t and the business office of the registered agent will be i liability company, it is hereby confirmed that the chan the members of the limited liability company or as oth the operating agreement of the limited liability company.	he Florida street address of the raddentical. Or, in the case of a Floge(s) was/were authorized by an erwise provided in the articles o	egistered office orida limited
Signature of amember of authorized representative of a member	<u> </u>	
Zachary Schlabach Printed or typed name of signee	<del></del>	
I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of n Chapter 608. F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability con	and agree to act in this capacity, he proper and complete perform hy position as registered agent a o merely reflect a change in the hpany has been notified in writin	I further agree to ance of my duties, s provided for in registered office ig of this change.
Signature of Registered Agent		

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