

L13 000 115025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

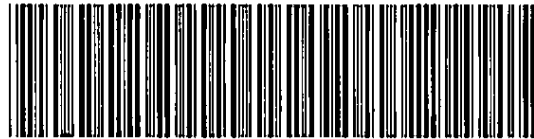
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 OCT 16 PM 6:30  
TALLAHASSEE, FL

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

FLORIBEK LLC

**SUBJECT:** \_\_\_\_\_  
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:

PIERRE SANFACON

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

FLORIBEK LLC

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

4379 GOLDCOAST AV

\_\_\_\_\_  
Address

SPRING HILL, FL 34609

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

PIERRE@MEDNAP.US

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

For further information concerning this matter, please call:

PIERRE SANFACON                      352              942-7045

at ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_  
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 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.

FLORIBEK LLC

1. Name of the limited liability company: 3532 GULF COAST DRIVE

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
HERNANDO BEACH, FL 34607

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
HERNANDO BEACH, FL 34607

08/14/2013

L13000115025

3. Date of filing/registration in Florida  
ANNIE BLAIS

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
3532 GULF COAST DRIVE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

HERNANDO BEACH 34607  
FL

PIERRE SANFACON

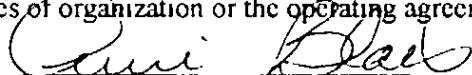
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

4379 GOLDCOAST AV

NEW Registered Office Address:

SPRING HILL 34609  
FL

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.



ANNIE BLAIS

Signature of a member or authorized representative of a member

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.



Signature of Registered Agent

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