

L13000141547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

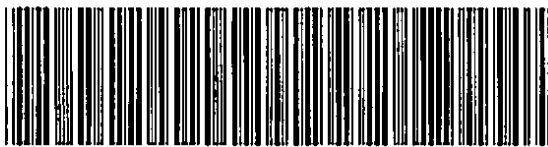
(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2021

SANTIAGO CARRIZOSA
7801 POINT MEADOWS DR
UNIT 8208
JACKSONVILLE, FL 32256

SUBJECT: VORTEX ENGINEERING & CONSULTING LLC
Ref. Number: L13000141547

→ { We have received your document for VORTEX ENGINEERING & CONSULTING } ←
LLC and your check(s) totaling \$35.00. However, the enclosed document has not
been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a
FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 221A00000616

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VORTEX ENGINEERING & CONSULTING 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:

SANTIAGO CARRIZOSA
Name of Person

VORTEX ENGINEERING & CONSULTING LLC
Firm/Company

7801 POINT MEADOWS DRIVE, UNIT 8208
Address

JACKSONVILLE FL 32256
City/State and Zip Code

carrizosa777@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANTIAGO CARRIZOSA at (904) 654-1619
Name of Person 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

INHS18 (2/14)

↑ I have already paid a \$35 check
that your office has already cashed.
Please see attached letter from
your office

**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: VORTEX ENGINEERING & CONSULTING LLC

2. (a) 7801 POINT MEADOWS DRIVE

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

UNIT 8208

JACKSONVILLE FL 32256

(b) 7801 POINT MEADOWS DRIVE

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

UNIT 8208

JACKSONVILLE FL 32256

3. 10/8/2013

Date of filing/registration in Florida

L13000141547

4. Document number

5. (a) LEGALINC CORPORATE SERVICES, INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5237 SUMMERLIN COMMONS, SUITE 400

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

FORT MYERS, FL 33907

(b) SANTIAGO CARRIZOSA

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

7801 POINT MEADOWS DRIVE

NEW Registered Office Address:

UNIT 8208

JACKSONVILLE, FL 32256

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.

Santiago Carrizosa

Signature of a member or authorized representative of a member

SANTIAGO CARRIZOSA

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.

Santiago Carrizosa

Signature of Registered Agent

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

FILING FEE: \$25.00