

L13000172312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

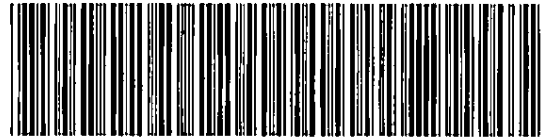
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100330358651

06/10/19--0100--001 **25.00

FILED
2019 JUN 19 A 7:31
MILWAUKEE

D SCOTT

JUN 25 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cove Motel, 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:

Jody Radcliff, CPA

Name of Person

Jody D. Radcliff CPA, LLC

Firm/Company

870 Dunlawton Avenue, Suite 309

Address

Port Orange, FL 32127

City/State and Zip Code

bk@jodyradcliffcpa.com

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

For further information concerning this matter, please call:

Roger Johansson

at (386)

290-2817

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

1. Name of the limited liability company: Cove Motel, LLC
2. (a) 1965 Avocado Drive
Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)
Port Orange, FL 32127
- (b) 1965 Avocado Drive
Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)
Port Orange, FL 32127
3. 06/10/2014 Date of filing registration in Florida
4. L13000172312 Document number
5. (a) Atrium Registered Agents, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State
8950 Southwest 74th Court
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 1901
Miami, FL 33156
- (b) Jody D. Radcliff CPA, LLC
Enter name of NEW Registered Agent and or NEW Registered Office address.
870 Dunlawton Avenue
NEW Registered Office Address:
Suite 309
Port Orange, FL 32127

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.

Roger Johansson
Signature of a member or authorized representative of a member

Roger Johansson
Printed or typed name of signer

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.

J. D. Radcliff CPA
Signature of Registered Agent

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