

L140000 32257

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(Address)

(Address)

(City/State/Zip/Phone #)

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JUN 11 2019

T. L. F. F. F.

COVER LETTER

TO: Registration Section
Division of Corporations

Stephen Keller Financial Services, 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:

Stephen Keller

Name of Person

Stephen Keller Financial Services, LLC

Firm/Company

226 19th Ave NE

Address

St Petersburg, FL 33704

City/State and Zip Code

skeller529@gmail.com

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

For further information concerning this matter, please call:

Stephen Keller **941** **321-7241**

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

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.

Stephen Keller Financial Services, LLC

1. Name of the limited liability company: 226 19th Ave NE (b) same

2. (a) Principal office address of limited liability company: St Petersburg, FL 33704
(Note: **MUST BE STREET ADDRESS**)
 (b) Mailing address of limited liability company: _____
(Note: **MAY BE POST OFFICE BOX**)

02/25/2014 L14000032257

3. Date of filing/registration in Florida Stephen Keller 4. Document number _____

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5811 Girona PL

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Sarasota 34238
 FL _____

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

226 19th Ave NE

NEW Registered Office Address:

St Petersburg 33704
 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.

Stephen Keller
 Signature of a member or authorized representative of a member

Stephen Keller
 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.

Stephen Keller
 Signature of Registered Agent

FILED
 2019 MAY 24 PM 12:40
 TALLAHASSEE, FLORIDA