

L14 000076680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

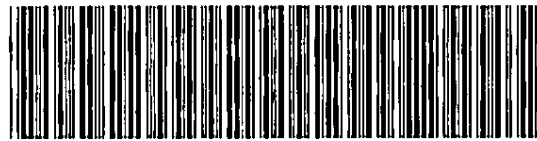
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT
JESSIE FL

C. BRUMBLEY

FEB 16 2022



FOX | O'NEILL | SHANNON s.c.

622 North Water Street
Suite 500
Milwaukee, WI 53202
Telephone: 414-273-3939
Fax: 414-273-3947
www.foslaw.com

January 28, 2022

Lauren E. Maddente
lemaddente@foslaw.com

Registration Section
Florida Division of Corporations
PO Box 6327
Tallahassee, FL 32314

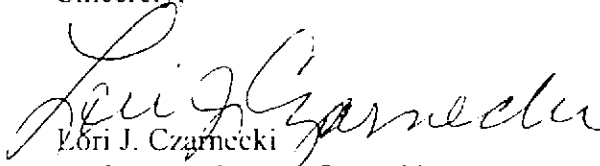
RE: 331 Serendipity, LLC

Dear Registration Section:

Enclosed for filing please find a Statement of Change of Registered Office and Registered Agent for 331 Serendipity, LLC, along with our check in the amount of \$25.00 in payment of your filing fee.

Please process, addressing any questions to me at this office. Thank you.

Sincerely,


Lori J. Czarniecki
Assistant to Lauren E. Maddente

Ljc

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 331 Serendipity, 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:

Anne Finch-Nehring

Name of Person

Firm/Company

PO Box 1397

Address

Boca Grande, FL 33921

City/State and Zip Code

ballawino@gmail.com

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

For further information concerning this matter, please call:

Lauren E. Maddente

414

273-3939

at (_____) _____

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

**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: 331 Serendipity, LLC

2. (a) 331 Gasparilla Street (b) PO Box 1397

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Boca Grande, FL 33921

Boca Grande, FL 33921

5/12/14

114000076680

3. Date of filing/registration in Florida

4. Document number

5. (a) Drew Koepke

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

9056 Astoria Way

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Fort Myers, FL 33967

(b) Anne Finch-Nehring

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

331 Gasparilla Street

NEW Registered Office Address:

Boca Grande, FL 33921

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.

Anne Finch-Nehring
Signature of a member or authorized representative of a member

Anne Finch-Nehring

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.

Anne Finch-Nehring
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
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DIVISION OF STATE
TALLAHASSEE, FL