

L14 000095369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

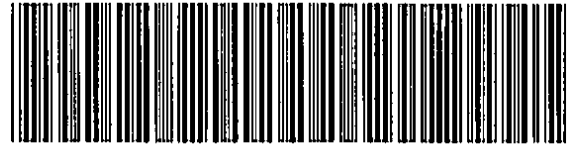
Special Instructions to Filing Officer:

J. HORNE

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11/01/21 --01023--029 **25.00

FILED
2021 DEC -2 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 NOV -6 PM 12:55

November 22, 2021

CHARLES D OUNDO JR
4469 E CR 48
CENTER HILL, FL 33514 US

SUBJECT: PERFORMANCE EQUIPMENT SALES L.L.C.
Ref. Number: L14000095369

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a 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.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 021A00028306

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Performance Equipment Sales 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:

Charles D. Oude Sr.
Name of Person

Performance Equipment Sales LLC
Firm/Company

4469 E CR 48
Address

Center Hill FL 33514
City/State and Zip Code

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

For further information concerning this matter, please call:

Charles Oude at (927) 851 2083
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: Performance Equipment Sales LLC
2. (a) 4469 E CR 48 Center Hill FL 33514 (b) 4469 E CR 48 Center Hill FL 33514
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. 11-30-2021 4. L14000095369
Date of filing/registration in Florida Document number

5. (a) Betty Jo Woodaver
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4469 E CR 48
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
4469 E CR 48
Center Hill, FL 33514

- (b) Charles D. Ondo Jr.
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

4469 E CR 48
NEW Registered Office Address:
4469 E CR 48
Center Hill, FL 33514

FILED
2021 DEC -2 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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.

Charles D. Ondo Jr. Charles D. Ondo Jr.
Signature of a member or authorized representative of a member 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.

Charles D. Ondo Jr.
Signature of Registered Agent