

L14000 101317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

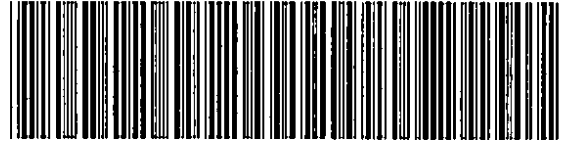
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 26, 2020

BRADLEY S. TAYLOR
SPUN, LLC
1280 LAKEWOOD DR.
MELBOURNE, FL 32935

SUBJECT: SPUN, LLC
Ref. Number: L14000101317

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing the proper form(s) with instructions for your convenience.

ATTACHED IS THE COMPLETE FORM NEEDED TO CHANGE THE REGISTERED AGENT.

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.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 320A00016340

Completed
9/3/20
[Signature]

RECEIVED
SEP 08 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPUN, 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:

BRADLEY TAYLOR
Name of Person

Firm/Company

1280 LAKEWOOD DR.
Address

MELBOURNE FL 32935
City/State and Zip Code

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

For further information concerning this matter, please call:

BRADLEY TAYLOR at (321) 507-8638
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

Already Paid

**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: SPUN, LLC.

2. (a) BRADLEY TAYLOR (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

1280 LAKEWOOD DR.
MELBOURNE FL 32935

3. 6/25/14 4. L14 000101317
Date of filing/registration in Florida Document number

5. (a) WIDERMAN MALEK, PL
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1400 W New Haven Ave., Ste. 201
Melbourne FL FL 32940

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

BRADLEY TAYLOR
NEW Registered Office Address:
1280 LAKEWOOD DR.
MELBOURNE FL 32935

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.

[Signature]
Signature of a member or authorized representative of a member

Bradley Taylor
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.

[Signature]
Signature of Registered Agent

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