

14 000127483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

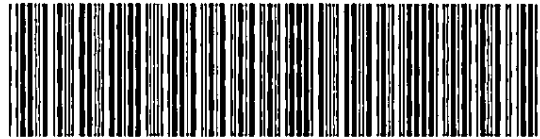
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900372227509

FILED
2021 SEP 20 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FL

SEP 21 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

SEP 20 AM 11:34

September 9, 2021

SCOTT MEYER
18319 TAMPLE AVE
PORT CHARLOTTE, FL 33948

SUBJECT: CHARTER MANAGER, LLC
Ref. Number: L14000127483

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

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

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 721A00021721

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Charter Manager, 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:

Scott Meyer
Name of Person

—
Firm/Company

18319 Temple Ave
Address

Port Charlotte, FL 33948
City/State and Zip Code

Meyer18319@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Meyer at (941) 628 8976
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

*Handy
have
more*

**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: Charter Manager, LLC
2. (a) Scott Mayer
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
18319 Temple Ave
Port Charlotte, FL 33948
- (b) Scott Mayer
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
18319 Temple Ave
Port Charlotte, FL 33948
3. 8/13/2014
Date of filing/registration in Florida
4. L14000127403
Document number
5. (a) Margaret R Evans
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
13030 Lakehurst Ct.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Fort Myers, FL 33913
- (b) Scott Mayer
Enter name of NEW Registered Agent and/or NEW Registered Office address:
18319 Temple Ave
NEW Registered Office Address:
1
Port Charlotte, FL 33948

FILED
2021 SEP 20 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, 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.

Scott Mayer
Signature of a member or authorized representative of a member

Scott Mayer
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.

Scott Mayer
Signature of Registered Agent