

L14000127837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

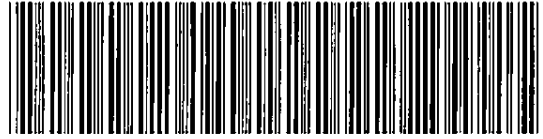
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

Handwritten initials

Jonathan R. Rubin

Law Offices
Jonathan R. Rubin, P.A.
Palmer Ranch Executive Office Center
8586 Potter Park Drive
Sarasota, Florida 34238

Telephone (305) 598-7331
Fax (305) 598-3885
E-Mail – jonrubin@jonathanrrubinpa.com

November 14, 2024

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Statement of Change of Registered Office
Company: Dovrack LLC
Document No.: L14000127837

Dear Sir/Madam:

Enclosed please find the cover letter, form, and a check in the sum of \$25.00 for the fee to change address of registered agent for the above-referenced company. Thank you for your assistance.

Regards,



JONATHAN R. RUBIN

Encl.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DOVRACK 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:

Jonathan R. Rubin

Name of Person

Jonathan R. Rubin, P.A.

Firm/Company

8586 Potter Park Drive

Address

Sarasota, Florida 34238

City/State and Zip Code

jonrubin@jonathanrubinpa.com

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

For further information concerning this matter, please call:

Jonathan R. Rubin

at (305)

598-7331

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: DOVRACK LLC

2. (a) _____ Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>8586 Potter Park Drive</u> <u>Sarasota, Florida 34238</u>	(b) _____ Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>8586 Potter Park Drive</u> <u>Sarasota, Florida 34238</u>
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3. <u>August 13, 2014</u> Date of filing/registration in Florida	4. <u>L14000127837</u> Document number
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5. (a) Jonathan R. Rubin, Esq.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
9360 Sunset Drive, Suite 285
Miami, FL 33173

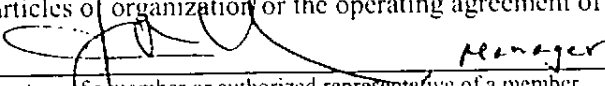
(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Jonathan R. Rubin
NEW Registered Office Address:
8586 Potter Park Drive

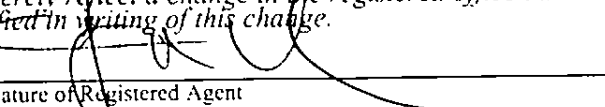
Sarasota, FL 34238

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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.

 Signature of a member or authorized representative of a member	<u>Jonathan R. Rubin</u> Printed or typed name of signee
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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 of Registered Agent