

L14000189264

(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



900286282549

05/27/16--01020--001 **125.00

2016 JUN 22 P 3:32
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

S Warren

JUN 23 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2016

MAGDA KRYSSHER
P.O. BOX 312
ARIPEKA, FL 34679

SUBJECT: PLACE TO KEEP, LLC
Ref. Number: L14000189264

We have received your document for PLACE TO KEEP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for 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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 316A00011882

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PLACE TO KEEP, 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:

MAGDA KRYSHER

Name of Person

Firm/Company

PO BOX 312

Address

ARIPEKA, FLORIDA 34679

City/State and Zip Code

KRYSHERM@GMAIL.COM

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

For further information concerning this matter, please call:

MAGDA KRYSHER

at (727)

236-0920

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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: PLACE TO KEEP, LLC
2. (a) 13322 COUNTY LINE ROAD (b) PO BOX 312
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
HUDSON, FLORIDA 34667 ARIPEKA, FLORIDA 34679
3. 12/11/2014 4. L14000189264
Date of filing/registration in Florida Document number

5. (a) THE HOGAN LAW FIRM LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
20 SO. BROAD STREET
BROOKSVILLE, FL 34601

- (b) MAGDA KRYSHER
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
~~PO BOX 312~~ 13615 Tyrone Street
ARIPEKA Hudson, FL ~~34679~~ 34667

FILED
2010 DEC 22 P 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Magda Krysher
Signature of a member or authorized representative of a member

MAGDA KRYSHER
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.

Magda Krysher
Signature of Registered Agent