

L15000017041

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

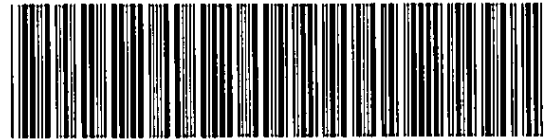
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 APR 26 PM 5:44  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PODS Enterprises, 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:

Lockwood Gray

Name of Person

PODS Enterprises, LLC

Firm/Company

12535 Feather Sound Drive, 4th Floor

Address

Clearwater, FL 33762

City/State and Zip Code

lgray@pods.com

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

For further information concerning this matter, please call:

Joe Guerrin

727

538-6461

Name of Person

at (

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

*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*

2. (a)	(b)
Principal office address of limited liability company. ( <u>Note: MUST BE STREET ADDRESS</u> )	Mailing address of limited liability company. ( <u>Note: MAY BE POST OFFICE BOX</u> )
13535 Feather Sound Drive, 4th Floor	13535 Feather Sound Drive, 4th Floor
Clearwater, FL 33762	Clearwater, FL 33762

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State.  
PARKER, AARON B

(b) \_\_\_\_\_  
Enter name of NEW Registered Agent and or NEW Registered Office address

NEW Registered Office Address

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TALLAHASSEE, FLORIDA

Signature of a member or authorized representative of a member

Simon Greyarch  
Printed or typed name of signee

Signature of Registered Agent