## L15000017041

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11.

## COVER LETTER

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**Registration Section** TO: Division of Corporations

PODS Emerprises, LLC SUBJECT: \_\_\_\_\_

Name of Limited Liability Company

Dear Su or Madam:

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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 Grav

Name of Person

PODS Enterprises, LLC Firm/Company

13535 Feather Sound Drive, 4th Floor

Address

Clearwater, FL 33762 -----

City/State and Zip Code

Igray a pods com-

\_\_\_\_\_

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

For further information concerning this matter, please call:

Joe Guerrim	727 538-6464
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

## Enclosed is a check for the following amount:

🛢 \$25 Filing Fee

S55 Filing Fee & Certified Copy

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## 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

(a)		(b)			
	Principal office address of limited hability company. ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing address of limited hability company ( <u>Note: MAY BE POST OFFICE BON</u> )		
	13535 Feather Sound Drive, 4th Floor		13535 Feather Sound Drive, 4th Floor		
	Clearwater, FL 33762		Clearwater, FL 33762		
	01/28/2015		00017041		
	Date of filing-registration in Florida		Document n	umber	
(4)	Registered Agent and Registered Office shown on the records of PARKER, AARON B	The Florida Dept	of State.		
	Registered Office Address _ (MUST BE FLORIDA STREET	ADDRESS)		202 7 Al	
	13535 Feather Sound Drive, 4th Floor				
	Clearwater, FI			Image: Second	
(b)	Enter name of <u>NEW Registered Agent</u> and or <u>NEW Registered</u> GRAY, LOCKWOOD	<u>d Otfice address</u>		FILED I APR 26 PH 5: 44 CAHASSEE, FLORIDA	
	<u>NEW</u> Registered Office Address				
	· · ·				
	FI	l			
iange ient w as we	mited liability company is not organized under the lat or changes are made, the Florida street address of the odf be identical. Or, in the case of a Florida limited li- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	e registered off ability compar of the limited 1	ice and the busines by, it is hereby conf fability company of	s office of the registered Trmed that the change(s)	

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, it this document is being filed to merite of my position the registered office address. Thereby confirm that the limited hability company has been notified in synthese of my duties chapter (0.5).

notified in tom Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314