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	equestor's Name)
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PICK-UP	
(Bu	usiness Entity Name)
(De	ocument Number)
Certified Copies	_ Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only



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#### **COVER LETTER**

## TO: Registration Section Division of Corporations

# COWIN ENTERPRISES, LLC SUBJECT:

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:

## JEFFREY RITTER

Name of Person

Firm/Company

499 23RD AVE N

Address

ST PETERSBURG, FL 33704

City/State and Zip Code

# jmritte@gmail.com

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

For further information concerning this matter, please call:

JEFFREY RITTER	216 215-4086	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following an	iount:	

☑ \$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.

I. Na	ame of the limited liability company:	ENTERPRISES, LL	С	
2. (a)	499 23RD AVE N	(b) 499 23	3RD AVE N	
	Principal office address of limited liability compar ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing address of limited liability company: ( <u>Note: MAY BE POST OFFICE BOX</u> )	
	ST PETERSBURG, FL 33704	ST PE	TERSBURG, FL 33704	
	03/03/2015	 L15000	039305	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	JEFFREY RITTER			
	Registered Agent and Registered Office shown on the reco COWIN ENTERPRISES, LLC	ords of the Florida Dept. of S		
	Registered Office Address (MUST BE FLORIDA STI 4902 Yacht Club Drive	<u>REET ADDRESS)</u>	The second secon	
	ТАМРА	_, FL_33616		
(b)	JEFFREY RITTER			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	istered Office address:		
	COWIN ENTERPRISES, LLC			
	NEW Registered Office Address:		—	
	499 23RD AVE N			
	ST PETERSBURG	_, FL_33704		

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.

Kitte

## JEFFREY RITTER

Signature of a member or authorized representative of a member

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.

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00