

L15000055407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

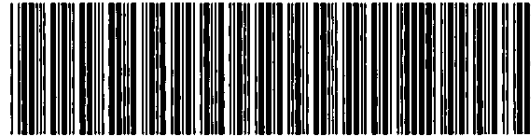
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400298272074

04/24/17--01022--007 **25.00

APR 25 2017
S. YOUNG

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
17 APR 24 PM 3:26

COVER LETTER

TO: Registration Section
Division of Corporations

WORKINGBITS, 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:

John Raber

Name of Person

WorkingBits, LLC

Firm/Company

2435 Michigan Street

Address

Melbourne, FL 32904

City/State and Zip Code

raber.john@gmail.com

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

For further information concerning this matter, please call:

John Raber

321

431-2551

at (_____)

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR 24 PM 3:26

**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.

WORKINGBITS, LLC

1. Name of the limited liability company: WORKINGBITS, LLC
2. (a) 2435 Michigan Street (b) 2435 Michigan Street

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

Melbourne, FL 32904

Melbourne, FL 32904

March 30, 2015

L15000055407

3. Date of filing/registration in Florida 4. Document number

John M Raber

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
1198 Bay Dr E

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Indian Harbour Beach 32937
, FL

John M Raber

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

2435 Michigan Street

NEW Registered Office Address:

Melbourne 32904
, FL

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
17 APR 24 PM 3:26

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.

John M Raber
Signature of a member or authorized representative of a member

John Raber
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.

John M Raber
Signature of Registered Agent