

L15000078558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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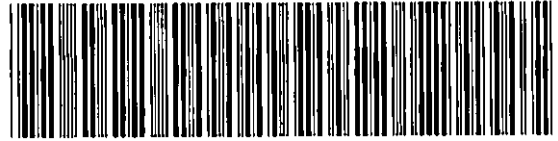
(Business Entity Name)

(Document Number)

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**Michael S. Herring, Esq.**

**M. Scott Herring, Esq.**

**Abbott M. Herring, Sr.**  
**(1928 – 1986)**

DATE: 2/16/2018

TO: Division of Corporations

Registered Agent Name and Address Change

Enclosed please find a the cover sheet and the signed Statement of Change of Registered Agent and Address and a check in the amount of \$25.00

Thank you

Nell

Assistant to Michael S. Herring, Esq.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PROTEKTOR SAFETY GROUP, 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:

Richard J. Cone

\_\_\_\_\_  
Name of Person

Protektor Safety Group, LLC

\_\_\_\_\_  
Firm/Company

5621 SE Forest Glade Trail

\_\_\_\_\_  
Address

Hobe Sound, Florida 33455

\_\_\_\_\_  
City/State and Zip Code

rjcone1@gmail.com

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

For further information concerning this matter, please call:

Richard J. Cone

at ( 772 )

341-6778

\_\_\_\_\_  
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: Protektor Safety Group, LLC

2. (a) Protektor Safety Group, LLC (b) Protektor Safety Group, LLC

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

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

8730 Shimmering Pine Place

PO Box 471311

Sanford, FL 32771

Lake Monroe, FL 32747

05/04/2015

L15000078558

3. Date of filing registration in Florida

4. Document number

5. (a) Greg Whittle

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Protektor Safety Group, LLC

Registered Office Address (*MUST BE FLORIDA STREET ADDRESS*)

8730 Shimmering Pine Place

Sanford, FL 32771

(b) Michael S. Herring, Esquire

Enter name of NEW Registered Agent and or NEW Registered Office address

Herring and Herring, P.A.

NEW Registered Office Address:

1101 West First Street

Sanford FL 32771

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.

Richard J. Cone, Member  
Signature of a member or authorized representative of a member

Richard J. Cone

Printed or typed name of signer

*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.*

Michael S. Herring  
Signature of Registered Agent

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