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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ONE TWO COMPANIES
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:

Katy Stofa
Name of Person

One Two Companies
Firm/Company

5290 Pine-tree Dr.
Address

Miami Beach, FL 33140
City/State and Zip Code

Katystofa@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Katy Stofa at (305) 496-2212
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 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 Florida.

1. Name of the limited liability company: One Two Companies

2. (a) 5290 Pine tree Dr. (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Miami Beach, FL
33140

3. 6-4-2019 Date of filing/registration in Florida 4. _____ Document number

5. (a) Legal Zoom

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

United States Corporation Agents, Inc.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

13302 Winding Oak Court Suite A
Tampa, FL 33612

(b) Katy Stoka

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

5290 Pine tree Dr
Miami Beach, FL
33140

NEW Registered Office Address:

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STATE DEPT OF STATE
TALLAHASSEE FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that 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 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.

Signature of a member or authorized representative of a member Katy Stoka
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 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 notified in writing of this change.

Signature of Registered Agent Jamie Barnes (Legal Zoom)
jbarnes@LegalZoom

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

FILING FEE: \$25.00