

L15000118787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

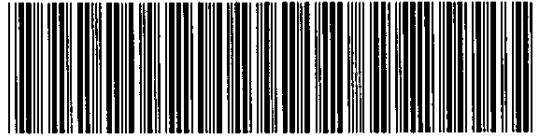
(Business Entity Name)

(Document Number)

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FILED
15 AUG 18 AM 9:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 19 2015

J SHIVERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 24, 2015

kevin jensen
3210 buckhorn dr
clearwater, FL 33761

SUBJECT: THE SERIOUS PREPPER, LLC
Ref. Number: L15000118387

We have received your document for THE SERIOUS PREPPER, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 815A00015565

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Serious Prepper LLC
Name of Corporation

DOCUMENT NUMBER: L15000118387

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEVIN JENSEN
Name of Contact Person

The Serious Prepper LLC
Firm/Company

3210 Buckhorn Drive
Address

Clearwater Florida 33761
City/State and Zip Code

Theseriousprepper@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEVIN JENSEN at (727) 460-5754
Name of Contact Person Area Code & Daytime Telephone Number

✓ Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: The Serious Pieppper LLC

2. (a) _____ (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**)

3210 Buckhorn Drive
Clearwater FL 33761

3210 Buckhorn Drive
Clearwater, FL 33761

3. 8am July 9, 2015
Date of filing/registration in Florida

4. L15000118387
Document number

5. (a) American Safety Council inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5125 ADANSON ST Suite 500
Orlando, FL 32804

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

NEW Registered Office Address:
3210 Buckhorn Drive
Clearwater, FL 33761

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.

[Signature]
Signature of a member or authorized representative of a member

KEVIN JENSEN
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.

[Signature]
Signature of Registered Agent

8/11/15

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA