

L15000154411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

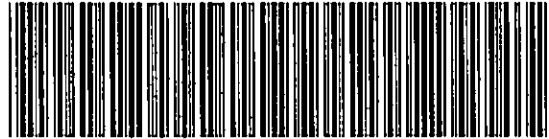
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800310441108

03/19/18--01026--007 \*\*55.00

FILED

18 MAR 19 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
MAR 20 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Shear Serendipity 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:

Beth Sarrica  
Name of Person

Shear Serendipity  
Firm/Company

5824 NW Whitecap Rd  
Address

PSL FL 34986  
City/State and Zip Code

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

For further information concerning this matter, please call:

Beth Sarrica at (919) 704-6894  
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: Shear Serendipity LLC

2. (a) 5824 NW Whitecap Rd. (b) 5824 NW Whitecap Rd  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
PSL FL 34986 PSL FL 34986

3. 9-9-2015 4. L15000154411  
Date of filing/registration in Florida Document number

5. (a) Elizabeth A Cammon  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5824 NW Whitecap Rd  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
PSL FL  
PSL FL 34986

(b) Elizabeth A. Sarrica  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

5824 NW Whitecap Rd  
NEW Registered Office Address:  
PSL FL 34986

FILED  
18 MAR 19 PM 2:42  
SECRETARY 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 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

Elizabeth Sarrica  
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