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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

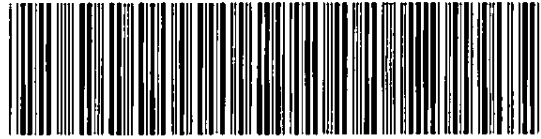
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# BOND SCHOENECK & KING

4001 Tamiami Trail North, Suite 105 | Naples, FL 34103-3556 | [bsk.com](http://bsk.com)

STARLING N. HENDRIKS, ESQ.  
[shendriks@bsk.com](mailto:shendriks@bsk.com)  
P: 239.659.3804  
F: 239.659.3812

February 23, 2024

**VIA FIRST CLASS MAIL**

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

Re: *Flex Plus, LLC*

Dear Sir or Madam:

Enclosed please find a check in the amount of \$25.00 representing the filing fee for the Statement of Change of Registered Agent/Registered Office Change form for the above referenced matter.

Please return all correspondence concerning this matter to my attention. Should you have any questions, please feel free to contact me on my direct line at : 239.659.3804.

Very truly yours,

BOND, SCHOENECK & KING, PLLC



Starling N. Hendriks  
Senior Counsel

SNH/MAR  
Enclosures

Cc: Flex Plus, LLC

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Flex Plus, 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:

Starling N. Hendriks, Esq.

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

Bond Schoeneck & King PLLC

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

4001 Tamiami Trail North, Suite 105

\_\_\_\_\_  
Address

Naples, FL 34103

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

shendriks@bsk.com

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

For further information concerning this matter, please call:

Starling N. Hendriks, Esq.

239

659-3804

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Flex Plus, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

2800 North Highway 17-92

Longwood, FL 32750

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

2800 North Highway 17-92

Longwood, FL 32750

9/18/2015

47-5320302

3. Date of filing/registration in Florida

4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Gregory M. Wilson

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

29 E. Pine Street

Orlando, FL 32801

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

Starling N. Hendriks, Esq.

NEW Registered Office Address:

4001 Tamiami Trail North, Suite 105

Naples, FL 34103

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.

Cheryl E. Lorenz  
Signature of a member or authorized representative of a member

Cheryl E. Lorenz

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.*

Starling N. Hendriks  
Signature of Registered Agent