

L15000168791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

FULL CIRCLE RECOVERY LLC

**SUBJECT:** \_\_\_\_\_  
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:

Laura Price

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

Full Circle Recovery LLC

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

627 S C St.

\_\_\_\_\_  
Address

Lake Worth FL 33460

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

Laura@fullcirclellc.com

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

For further information concerning this matter, please call:

Jennifer Napolitano

732

232-0032

\_\_\_\_\_  
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**

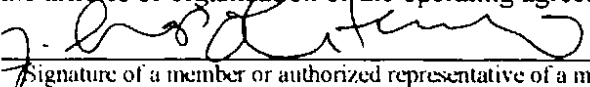
*Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

Full Circle Recovery LLC

1. Name of the limited liability company: _____	
Jennifer Napolitano	Jennifer Napolitano
2. (a) _____	(b) _____
Principal office address of limited liability company: ( <u>Note: MUST BE STREET ADDRESS</u> )	Mailing address of limited liability company: ( <u>Note: MAY BE POST OFFICE BOX</u> )
417 Ocean Breeze Apt 1	417 Ocean Breeze Apt 1
Lake Worth, FL 33460	Lake Worth, FL 33460
10/05/2015	L15000168791
3. Date of filing/registration in Florida	4. Document number
Jennifer Napolitano	
5. (a) _____	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
Jennifer Napolitano	
Registered Office Address ( <u>MUST BE FLORIDA STREET ADDRESS</u> )	
417 Ocean Breeze Apt 1	
Lake Worth	33460
, FL _____	
Laura Price	
(b) _____	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
Laura Price	
<u>NEW Registered Office Address</u> :	
1404 S Dixie Highway Unit 2508	
Lantana	33462
, FL _____	

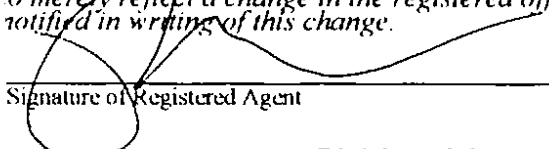
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2020 FEB 21 PM 12:04  
STATE OF FLORIDA  
TALLAHASSEE

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 of a member or authorized representative of a member

Jennifer Napolitano  
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 of Registered Agent