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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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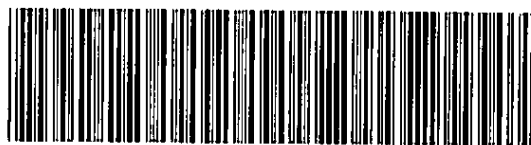
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 17 2019

TECHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Worvan Partners 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:

Larry Grogan

Name of Person

RGF Irrevocable Trust 12 22 09

Firm/Company

1811 Corporate Drive

Address

Boynton Beach, FL 33426

City/State and Zip Code

larry.grogan@worvanpartners.com

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

For further information concerning this matter, please call:

Larry Grogan

at (561)

866-7727

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: <u>Worvan Partners LLC</u>	
2. (a) <u>1920 Cleveland Avenue</u> Principal office address of limited liability company (Note: <u>MUST BE STREET ADDRESS</u>)	(b) <u>1920 Cleveland Avenue</u> Mailing address of limited liability company (Note: <u>MAY BE POST OFFICE BOX</u>)
<u>Charlotte NC 28203</u>	<u>Charlotte NC 28203</u>
3. <u>January 16, 2019</u> Date of filing/registration in Florida	4. <u>L16000023001</u> Document number
5. (a) <u>RGF Irrevocable Trust 12 22 09</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State <u>6530 West Rogers Circle</u> Registered Office Address (MUST BE FLORIDA STREET ADDRESS) <u>Suite 33</u> <u>Boca Raton FL 33487</u>	
(b) <u>Linda Manfre</u> Enter name of NEW Registered Agent and/or NEW Registered Office address: <u>1811 Corporate Drive</u> NEW Registered Office Address: <u>Boynton Beach FL 33426</u>	

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SECOND FLORIDA 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.

Lawrence E Grogan
Signature of a member or authorized representative of a member:

Lawrence E Grogan
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.

Lawrence E Grogan
Signature of Registered Agent