

L16 0000 25335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FEB 04 2021

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** DEBS STORE 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:

JB ROTH

Name of Person

ROTH LAW FIRM PL

Firm/Company

450 STATE ROAD 13 NORTH, SUITE 106 - PMB 134

### Address

SAINT JOHNS, FL 32259

City/State and Zip Code

JB@ROTHFIRM.NET

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

For further information concerning this matter, please call:

JB ROTH

904

595-7900

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

Name of Person

Area Code &amp; 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: DEBS STORE LLC

2. (a) 2412 RED OAK DRIVE  
Principal office address of limited liability company:  
*(Note: **MUST BE STREET ADDRESS**)*

(b) 2412 RED OAK DRIVE  
Mailing address of limited liability company:  
*(Note: **MAY BE POST OFFICE BOX**)*

JACKSONVILLE, FL 32211

JACKSONVILLE, FL 32211

02/05/2016

L16000025335

3. Date of filing/registration in Florida 4. Document number

5. (a) ROTH LAW FIRM PL  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
6100 GREENLAND RD

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

SUITE 604

JACKSONVILLE, FL 32258

(b) ROTH LAW FIRM PL

Enter name of NEW Registered Agent and/or NEW Registered Office address:

12724 GRAN BAY PARKWAY WEST

NEW Registered Office Address:

SUITE 410

JACKSONVILLE, FL 32258

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.

JEAN B. ROTH, AUTH. REPRESENTATIVE

Signature of a member or authorized representative of a member

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

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