

L16 0000 31750

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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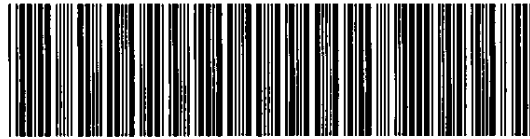
(Business Entity Name)

(Document Number)

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2016 JUL 11 AM 11:04
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 JUL 11 PM 3:13
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Purosol LLC add manager
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:

Brett Kornbluth

Name of Person

Purosol LLC

Firm/Company

1835 service Road

Address

North Palm Beach, FL 33048

City/State and Zip Code

purosol809@gmail.com

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

For further information concerning this matter, please call:

Brett Kornbluth at (**954**) **385-8521**

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: Purosol LLC

2. (a) 1835 service Rd (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

North Palm Beach, FL 33408

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

2/15/2016

L16000031750

3. Date of filing/registration in Florida

4. Document number

5. (a) Brett Kornbluth

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

10533 Marsh St

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Wellington, FL 33414

(b) Matthew T Gossett

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

692 SE Chapman Ave

NEW Registered Office Address:

Port St Lucie, FL 34984

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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

Giovanni Velozin Spakora
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.

[Signature]
Signature of Registered Agent