## 116000032332

| (Requestor's Name)                      |  |  |  |  |  |
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| (Address)                               |  |  |  |  |  |
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| (National)                              |  |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
|   |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| (Boedment Hamber)                       |  |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |  |
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## COVER LETTER

| TO: Registration Section Division of Corporations  |  |
|--|--|
| Seitz Writes, LLC SUBJECT:   |  |
| Name of  | Limited Liability Company  |
| Dear Sir or Madam:   |  |
| The enclosed Registered Agent/Registered Office C  | Change and fee(s) are submitted for filing.  |
| Please return all correspondence concerning this ma  | atter to the following:  |
| Rebeca Seitz   |  |
| Name of Person   |  |
| Seitz Writes, LLC  |  |
| Firm/Company   |  |
| 6549 Dominica Drive Unit 101   |  |
| Address  |  |
| Naples, FL 34113   |  |
| City/State and Zip Code  |  |
| rebeca@seitzwritesllc.com  |  |
| E-mail address: (to be used for future annual r  | eport notification)  |
| For further information concerning this matter, plea   | se call:   |
| Rebeca Seitz   | 615 308-1198   |
| 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 amo  | ount:  |
| ■ \$25 Filing Fee  | ☐ \$55 Filing Fee & Certified Copy   |

INHS18 (2/14)

## 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.

| l. Na                                      | me of the limited liability company: Seitz Writes, LLC  |  |  |  |   |   |  |
|--|---|--|--|--|---|---|--|
| 2. (a)                                     | 6549 Dominica Drive Unit 101  | (b)_   |  |  |   |   |  |
| (u) .                                      | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  Naples, FL 34113   |  | Mailin   | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)         |   |   |  |
|  |   | <u> </u>   |  |  |   |   |  |
|  | 2-16-2016   | _ Li   | 6000032332   |  |   |   |  |
| 3.   | Date of filing/registration in Florida  | 4.   | Docı   | ument number   |   |   |  |
| 5. (a)                                     | Registered Agent and Registered Office shown on the records of Rebeca D. Seitz  |  | ept, of State:   |  |   |   |  |
|  | Registered Office Address (MUST BE FLORIDA STREET)  185 Hollyhock Ct  | <u>adukess)</u>                                  |  |  | •                                       |   |  |
|  |   | 34145  |  |  | 2020 ÅUG 24                             | 01-28 -03<br>41-28 -03<br>41-28 -03                 |  |
| (b)  | Enter name of NEW Registered Agent and/or NEW Registered Office address:  |  |  | AHASSEE, F   | 6 24 PM 1: 3                            |   |  |
|  | NEW Registered Office Address:  |  | <del></del>  | بر بر<br>س   | 37                                      |   |  |
|  | 6549 Dominica Drive Unit 101  |  |  |  |   |   |  |
|  | Naples, F1  | 34113  |  |  |   |   |  |
| change<br>ag <mark>e</mark> nt v<br>was/we | imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited have authorized by an affirmative vote of the members called of organization or the operating agreement of the | registered<br>ability com<br>of the limite       | office and the<br>pany, it is here<br>ed liability con                   | business office o<br>by confirmed tha<br>upany or as other                           | f the reg<br>it the ch                  | gistered<br>ange(s)                                 |  |
|  | Ixea D. Seit  | Rebeca   | D. Seitz   |  |   |   |  |
|  | ture of a member or authorized representative of a member   | ene to eat in                                    |  | ted or typed name of   |   | ly with the   |  |
| provisi<br>the obl<br>to mere              | by accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I if in writing of this change.                         | ee to act the performan d for in Challereby conf | ents capacity,<br>ce of my duties<br>apter 605, F.S.<br>firm that the li | 1 juriner agree t<br>s, and I am famili<br>. Or, if this docu<br>mited liability con | a comp<br>ar with<br>ment is<br>npany l | iy wan ine<br>and accept<br>being filed<br>tas been |  |

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

Signature of Registered Agent