

L16 000056126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

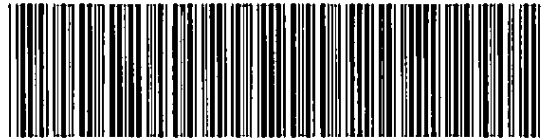
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CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

✓ Smith

10/21/20

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOPPCUTTAZ MG 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:

SHERI ALTER, ESQ.

Name of Person

LAW OFFICE OF SHERI ALTER, PLLC

Firm/Company

18658 SEA TURTLE LANE

Address

BOCA RATON, FL 33498

City/State and Zip Code

mikecutz42@yahoo.com

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

For further information concerning this matter, please call:

SHERI ALTER

561 923.0711
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

2A 180

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: TOPPCUTTAZ MG LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

19874 (Note: MUST BE STREET ADDRESS)

19874 (Note: MAY BE POST OFFICE BOX)

19784 NW 27TH AVENUE

19784 NW 27TH AVENUE

MIAMI GARDENS, FL 33056

MIAMI GARDENS, FL 33056

MARCH 24, 2016

L16000056126

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

5. (a) MICHAEL BOGLE

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5261 SW 9TH STREET

PLANTATION, FL 33317

(b) MICHAEL STEPHENS

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

NEW Registered Office Address:

19874 NW 27TH AVENUE

MIAMI GARDENS, FL 33056

2020 SEP 14 P 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

Michael D. Stephens
Signature of a member or authorized representative of a member

MICHAEL STEPHENS

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.

Michael D. Stephens
Signature of Registered Agent

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