

L160000 61851

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

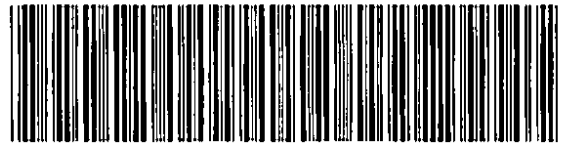
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/24/19--01012--020 **25.00

STATE OF ALABAMA
REVENUE

2019 MAY 24 A 11:39

FILED

APR 11 2019
CSC 31 NGP

LAW OFFICE OF
TODD C. PASSMAN, P.A.

Todd C. Passman
todd@passmanlawoffice.com

200 S. Indian River Dr., Suite 306
Fort Pierce, Florida 34950
www.passmanlawoffice.com

Tel (772) 465-9806
Fax (772) 465-9868

May 21, 2019

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: PIPS WADAWASH LLC
Changes to: 1. Principal office, and
2. Registered Office / Registered Agent

Dear Sir / Madam,

Please find attached a completed form to change both the 1) Principal Office and 2) Registered Office / Registered Agent for my client PIPS WADA WASH LLC. Please also find enclosed my firm check in the amount of \$25 in payment of the fee for changing the registered agent.

After these changes the corporate addresses should be:

Principal Address

1125 Dallam Ave NW, Palm Bay, FL 32907

Mailing Address

56 Roberts Ln. Jackson, TN 38301

Registered Agent Name & Address

Todd C. Passman

Law Office of Todd C. Passman

200 S. Indian River Dr. Suite 306, Fort Pierce, FL 34950

Please contact me if there any questions. We thank you in advance for your kind attention to this matter.

Sincerely yours,

LAW OFFICE OF TODD C. PASSMAN, P.A.



Todd C. Passman

Enclosures
Cc. PIPS WADA WASH LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PIPS WADAWASH 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:

Todd C. Passman

Name of Person

Law Office of Todd C. Passman, P.A.

Firm/Company

200 S. Indian River Drive, Suite 306

Address

Fort Pierce, FL, 34950

City/State and Zip Code

austinfongers@icloud.com

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

For further information concerning this matter, please call:

Todd C. Passman

at (772)

465-9806

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: PIPS WADAWASH LLC

2. (a) PIPS WADAWASH LLC (b) PIPS WADAWASH LLC
Principal office address of limited liability company. Mailing address of limited liability company.
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

1125 DALLAM AVE, NW 56 ROBERTS LN
PALM BAY, FL 32907 JACKSON, TN 38301

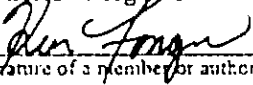
3. 3/28/2016 4. L16000061851
Date of filing/registration in Florida Document number

5. (a) FONGERS, KEN
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)
56 ROBERTS LANE
JACKSON, FL 38301

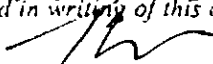
(b) TODD C. PASSMAN
Enter name of NEW Registered Agent and/or NEW Registered Office address.
LAW OFFICE OF TODD C. PASSMAN, P.A.
NEW Registered Office Address:
200 S. INDIAN RIVER DRIVE, STE 306
FORT PIERCE, FL 34950

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 of a member or authorized representative of a member

KEN FONGERS
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 of Registered Agent

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