

L16 000068646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

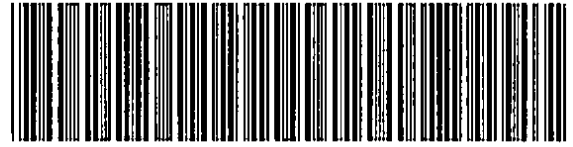
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

Carol Guthrie, PLLC

SUBJECT: _____
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:

Carol Guthrie

Name of Person

Carol Guthrie, PLLC

Firm/Company

2440 SE Federal Highway, Suite V

Address

Stuart, Florida 34996

City/State and Zip Code

carolguthrie@gmail.com

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

For further information concerning this matter, please call:

Carol Guthrie

~~404~~

~~502-9024~~

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

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.

Carol Guthrie, PLLC

1. Name of the limited liability company: _____

2. (a) _____ (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) *(Note: MAY BE POST OFFICE BOX)*
 2440 SE Federal Highway, Suite V

 Stuart, Florida 34996

04/06/2016 1.16000068646

3. Date of filing/registration in Florida 4. Document number
 United States Corporation Agents, Inc.

5. (a) _____
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
 LegalZoom

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
 5575 S. Semoran Blvd, Suite 36

 Orlando 32822
 _____, FL _____

Carol Guthrie

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

Carol Guthrie

NEW Registered Office Address:
 2440 SE Federal Highway, Suite V

 Stuart 34996
 _____, FL _____

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 OFFICE OF THE CLERK
 STATE OF FLORIDA

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.

Carol Guthrie
 Signature of a member or authorized representative of a member

Carol Guthrie
 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.

Carol Guthrie
 Signature of Registered Agent