

LL600117652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

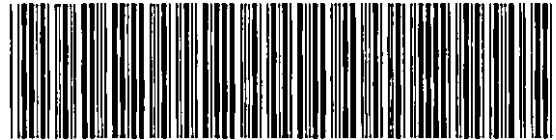
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100314385331

06/14/18--01001--018 **25.00

18 JUL -2 PM 2:45

J I EGGETT
JUL 03 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 14, 2018

NICHOLAS MARTINEZ
4647 NW 6TH STREET, STE J
GAINESVILLE, FL 32609 US

SUBJECT: SPLEE, LLC
Ref. Number: L16000117652

We have received your document for SPLEE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list only one name in 5(b). You may have only one RA.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 918A00012454

49

RECEIVED

2018 JUN 28 AM 10:18

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Splee, 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:

Nicholas Martinez and Joshua Jaramillo

Name of Person

Splee, LLC

Firm/Company

4647 NW 6th Street Suite J

Address

Gainesville, Florida 32609

City/State and Zip Code

sales@spleeclean.com

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

For further information concerning this matter, please call:

Nicholas Martinez and Joshua Jaramillo at (352) 225-5900

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

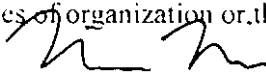
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

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: Splee, LLC
2. (a) 4647 NW 6th Street
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Suite J
Gainesville, Florida 32609
- (b) 4647 NW 6th Street
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Suite J
Gainesville, Florida 32609
3. 06/17/2016 Date of filing/registration in Florida
4. L16000117652 Document number
5. (a) United States Corporation Agents, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
13302 Winding Oaks Court
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite A
Tampa, FL 33612
- (b) Nicholas Martinez
Enter name of NEW Registered Agent and/or NEW Registered Office address:
4824 NW 37th Place
NEW Registered Office Address:
Gainesville, FL 32606

18 JUL -2 AM 12:49

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.

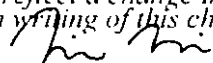


Nicholas Martinez

Signature of a member or authorized representative of a member

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