

L16000153763

(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



000292521450

11/28/16--01012--004 **25.00

FILED
16 NOV 28 PM 3:12
TALLAHASSEE, FLORIDA

NOV 30 2016

SULKER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OVNI STUFF, 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:

FRANCISCO FIGUEROA

Name of Person

OVNI STUFF, LLC

Firm/Company

1157 FAIRLAKE TRACE, APT 1601

Address

WESTON, FLORIDA 33326

City/State and Zip Code

OVNI.STUFF@ICLOUD.COM

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

For further information concerning this matter, please call:

FRANCISCO FIGUEROA

786

5471762

at (_____) _____

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.

OVNI STUFF, LLC

1. Name of the limited liability company: _____

1157 FAIRLAKE TRACE

750 E SAMPLE ROAD

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**)

APT 1601

SUITE 5-4

WESTON, FLORIDA 33326

POMPANO BEACH, FLORIDA 33064

AUGUST 16 2016

L16000153763

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

FRANCISCO FIGUEROA

5. (a) _____

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

750 E SAMPLE ROAD

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

SUITE 5-4

POMPANO BEACH 33064
_____, FL _____

(b) _____

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

REGISTERED AGENTS INC.

NEW Registered Office Address:

3030 N. Rocky Point Drive, STE 150A

Tampa 33607
_____, FL _____

FILED
16 NOV 28 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, 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.

FRANCISCO FIGUEROA

Signature of a member or authorized representative of a member

Printed or typed name of signer

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.

Bill Havre
Signature of Registered Agent **Bill Havre/Assistant Secretary**

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