

440017781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

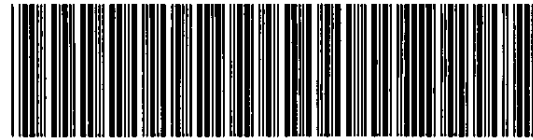
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400290110264

09/16/16--01040--011 **25.00

SEP 19 2016
S. YOUNG

16 SEP 16 PM 4: 19

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sewcor 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:

Mary Vue

Name of Person

Sewcor

Firm/Company

4650 28St N

Address

St. Petersburg FL 33714

City/State and Zip Code

mary@sewcor.com

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

For further information concerning this matter, please call:

Mark Wheeler

Name of Person

at (727) 517-6759

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 SEP 16 PM 4:20

**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: Sewcor LLC
2. (a) 4650 28th N St. Petersburg FL 33714 (b) 4650 28th N. St. Petersburg FL 33714
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. 09/14/2016 Date of filing/registration in Florida 4. L16000171781 Document number

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

4650 28th N
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
St. Petersburg Florida
33714, FL

- (b) Mary Vue
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

4650 28th N
NEW Registered Office Address:
St Petersburg FL 33714
_____, FL

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]
Signature of a member or authorized representative of a member

Mark Wheeler
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.

M. Vue
Signature of Registered Agent

FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32314
16 SEP 16 PM 4:20