## L16000/83937

(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



700400352257

01/23/23--01007--001 \*\*25.00



## **COVER LETTER**

TO:	Registration Section Division of Corporations		•
SUBJE	ECT: Second-Hand Watches,	LLC	
		ne of Limited Li	ability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the	following:
Lawr	rence Cohen		
	Name of Person		
Sec	ond-Hand Watches, L	LC	
	Firm/Company	· ·	<del>_</del>
403 [	Maple St.		
	Address	•	
Hopk	kinton, NH 03229 - 3357		
	City/State and Zip Code		
_	y99@gmail.com		
Ē	-mail address: (to be used for future anr	ual report notif	ication)
For fur	ther information concerning this matter,	please call:	
Lawr	ence Cohen	at (610	420-2849
	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	Re Dir P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	\$25 Filing Fee	□ \$5	55 Filing Fee & Certified Copy

## STATÉMENT 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

Na	me of the limited liability company: Second	l-Hand	Watches, LLC
(a)	403 Maple St.	(b)	403 Maple St.
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Hopkinton		Hopkinton
	NH, 03229 - 3357	<u>.</u>	NH, 03229 - 3357
	October 3, 2016	1	16000183937
	Date of filing/registration in Florida	4.	Document number
(a)	Lawrence Cohen		
(4)	Registered Agent and Registered Office shown on the records	of the Florida I	Dept. of State:
	15660 121st Ter N		2
	Registered Office Address (MUST BE FLORIDA STREET	ET ADDRESS)	
	Jupiter	FL_33478	2023 JAN 23 PH 4: 17
(b)	Registered Agents Inc		OF SI
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office add	FL FATE
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	<sub>FL</sub> 33702	

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.

Printed or typed name of signee

David Roberts - Assistant Secretary

Signature of a member or authorized representative of a member