

LN 000 192 302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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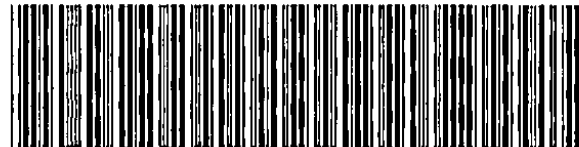
(Business Entity Name)

(Document Number)

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OCT 26 2019  
S. YOUNG

19 OCT -7 PM 11:19  
FALL ARRESTED, LORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Robbins One, 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:

Anthony Robbins

\_\_\_\_\_  
Name of Person

Robbins One, LLC

\_\_\_\_\_  
Firm/Company

PO Box 3332

\_\_\_\_\_  
Address

Riverview, Florida 33568

\_\_\_\_\_  
City/State and Zip Code

arobbins@tssiteprep.com

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

For further information concerning this matter, please call:

Anthony Robbins

at ( 813 )

477-6191

\_\_\_\_\_  
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: Robbins One, LLC

2. (a) 4919 Denver Street (b) P.O. Box 3332

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Tampa, Florida 33619

Tampa, Florida 33568

10/18/2016

L16000192302

3. Date of filing/registration in Florida

4. Document number

5. (a) Jeannette M. Gibbons

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

5614 Seagrass Place

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Apollo Beach, FL 33572

(b) Anthony Robbins

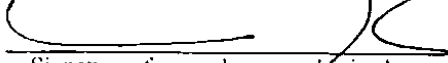
Enter name of NEW Registered Agent and/or NEW Registered Office address:

12422 Creek Edge Drive

NEW Registered Office Address:

Riverview, FL 33579

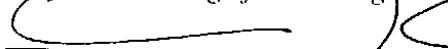
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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 of a member or authorized representative of a member

Anthony Robbins

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and a the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being 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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

FILED  
19 OCT -7 PM 11:19  
TALLAHASSEE, FLORIDA