

# L17000109603

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

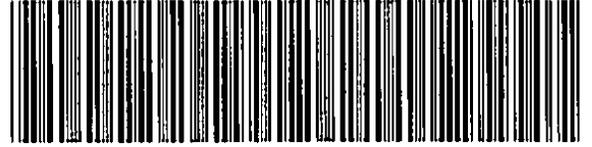
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2019 JUN 24 PM 3:55  
CLERK OF COURT  
COURT HOUSE  
1000 N. 10TH ST.  
DENVER, CO 80202

R. WHITE

JUL 05 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sierah, 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:

Sierah Levins  
Name of Person

Sierah, LLC  
Firm/Company

4938 Hyatt Lane  
Address

Pace, FL 32571  
City/State and Zip Code

sierah1415@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sierah Levins at ( 850 ) 450-0526  
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: Sierah, LLC

2. (a) 4938 Hyatt Lane Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  
 (b) 4938 Hyatt Lane Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

Pace, FL 32571

Pace, FL 32571

05/18/2017

L17000109603

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

5. (a) Spiegel & Utrera, P.A.  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1840 SW 22nd St.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4th Floor

Miami, FL 33145

(b) Sierah Levins  
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

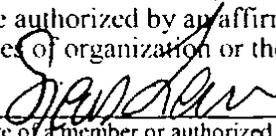
4938 Hyatt Lane

NEW Registered Office Address:

Pace, FL 32571

2019 JUN 24 PM 3:55  
 RECEIVED  
 STATE OF FLORIDA  
 DIVISION OF CORPORATIONS

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.

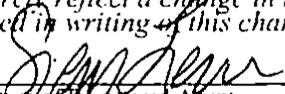


Sierah Levins

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