

417000128576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

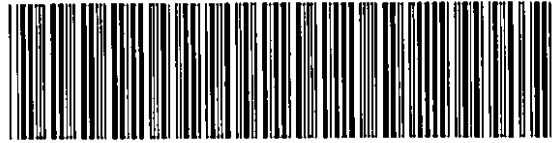
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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09/12/18--01025--003 **25.00

2018 SEP 12 AM 9:26

T. CLINE
SEP 17 2018
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOTTI DA SPA SOLUTIONS, 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:

Ina Marie Hadcock

Name of Person

Lotto Da Spa Solutions, LLC

Firm/Company

7800 12th St N

Address

St. Petersburg, FL 33702

City/State and Zip Code

Inabeena@msn.com

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

For further information concerning this matter, please call:

Ina Marie Hadcock

863

838-3169

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

2018 SEP 12 AM 9:26

**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: Lotti Da Spa Solutions, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

5915 Memorial Hwy Suite 116

Tampa, FL 33615

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

7800 12th St N

St. Petersburg, FL 33702

06/12/2017

L17000128576

3. Date of filing/registration in Florida

4. Document number

5. (a) Legalinc. Corporate Services Incq

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5237 Summerlin Commons, suite 400

Fort Myers, FL 33907

(b) Ina Marie Hadcock

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

NEW Registered Office Address:

5915 Memorial Hwy, suite 116

Tampa, FL 33615

2010 SEP 12 AM 9:26

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.

Ina Marie Hadcock
Signature of a member or authorized representative of a member

Ina Marie Hadcock
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.

Ina Marie Hadcock
Signature of Registered Agent

LO2000023883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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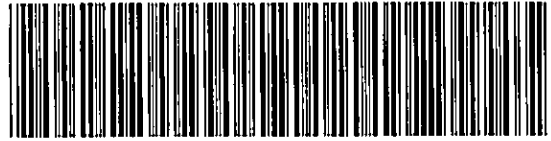
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/12/18--01035--001 11.25.06

2018 SEP 12 AM 9:31

T. CLINE
SEP 17 2018
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SADLER FARMS, 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:

RAY SADLER
Name of Person

Firm/Company

PO BOX 995
Address

SHELburnE, VI 05482
City/State and Zip Code

RF5322@AOL.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAY SADLER at (802) 578-3500
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

2011 SEP 12 AM 9:31

**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: SADLER FARMS, LLC
2. (a) 3782 EL PRADO BLVD (b) Po Box 995
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. MIAMI, FL 33133 4. SHELBOURNE, VT 05482
9/13/2002 LO2000023883
Date of filing/registration in Florida Document number

5. (a) JAMES T SADLER
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3782 EL PRADO BLVD
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

MIAMI, FL 33133

- (b) JAMES T SADLER
Enter name of NEW Registered Agent and/or NEW Registered Office address:

2831 S. BAYSHORE DR
1805
NEW Registered Office Address:

MIAMI, FL 33133

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

RAY P. SADLER III
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]
Signature of Registered Agent