

L17000133978

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

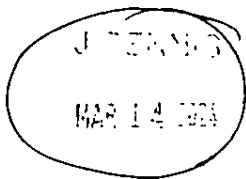
MAIL

(Business Entity Name)

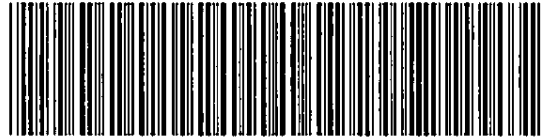
(Document Number)

Certified Copies _____ Certificates of Status _____

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02/20/24

COVER LETTER

To change/update
the "registered agent"
address and "authorized person"
address asap, thanks

TO: Registration Section
Division of Corporations

SUBJECT: STORM SECTOR, 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:

BENJAMIN ALONZO

Name of Person

STORM SECTOR, LLC

Firm/Company

89 ALAFAYA WOODS BLVD Suite 110

Address

Oviedo, Florida 32765

City/State and Zip Code

stormsector@gmail.com

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

For further information concerning this matter, please call:

BEN ALONZO

Name of Person

at (407) 572-4637

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

I have already sent money order (see attached letter). Please credit my account for annual report or refund the difference. You have a \$35.00 money order

**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: STORM SECTOR, LLC

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

89 Alafaya Woods Blvd Suite 110
Oviedo, Florida 32765

3. 6/20/2017 4. L17000133978
Date of filing/registration in Florida Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
3235 Alling Court
DeHonia, FL 32725

(b) BENJAMIN ALONZO
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
89 ALAFAYA WOODS BLVD SUITE 110
OVIEDO, FL 32765

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 BENJAMIN ALONZO
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 BENJAMIN ALONZO