

L17 000170778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

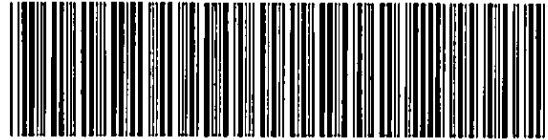
(Business Entity Name)

(Document Number)

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10/24/19--01005--022 **25.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 OCT 24 AM 6:09

RA Change

NOV 26 2019

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Island Bookkeeper 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:

Shannon Abbott

Name of Person

Island Bookkeeper LLC

Firm/Company

PO Box 372064

Address

Satellite Beach, FL 32937

City/State and Zip Code

islandbookkeeper@gmail.com

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

For further information concerning this matter, please call:

Shannon Abbott

at (_____) _____

843-424-4994

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

19 OCT 24 AM 8:00
REGISTRATION SECTION
DIVISION OF CORPORATIONS

**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: Island Bookkeeper LLC

2. (a) 50 Berkeley St Apt D161 (b) PO Box 372064
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
Satellite Beach, FL 32937 Satellite Beach, FL 32937

3. 08/10/2017 4. L17000170778
Date of filing/registration in Florida Document number

5. (a) Shannon M Abbott
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2194 Hwy A1A Suite 210
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Indian Harbour Beach, FL 32937

(b) Shannon M Abbott
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

50 Berkeley St Apt D161

NEW Registered Office Address:

Satellite Beach, FL 32937

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.

Shannon M Abbott
Signature of a member or authorized representative of a member

Shannon M Abbott

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.

Shannon M Abbott
Signature of Registered Agent

FILED
19 OCT 24 AM 8:06
CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
THE COUNTY OF BREVARD, FLORIDA