

L17000205970

(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



700317724067

09/04/18--01018--003 **25.00

18 SEP 14 PM 12 33

SEP - 8 2018

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Receive Joy, 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:

Sylvia Lehmann

Name of Person

Receive Joy, LLC

Firm/Company

1740 Persimmon Drive

Address

Naples, FL 34109

City/State and Zip Code

ask@receivejoy.com

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

For further information concerning this matter, please call:

Sylvia Lehmann

239

4501240

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

INHS18 (2/14)

Please add EIN 82-3027647

Thank you, S. Lehmann

**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.

Receive Joy, LLC

1. Name of the limited liability company: Receive Joy, LLC
2. (a) 1740 Persimmon Drive, Naples, FL 34109
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
- (b) 1740 Persimmon Drive, Naples, FL 34109
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
3. 10/04/2017
Date of filing/registration in Florida
4. L17000205970
Document number

5. (a) Gagel, James
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
255 Aragon Avenue

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
2ND Floor
Coral Gables, FL 33134

- (b) Sylvia Lehmann
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1740 Persimmon Drive

NEW Registered Office Address:

Naples, FL 34109

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.

S. Lehmann

Signature of a member or authorized representative of a member

Sylvia Lehmann

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.

S. Lehmann

Signature of Registered Agent

8-31-2018