

K17000212211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

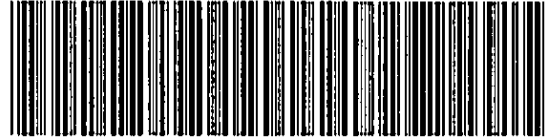
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03/18/22--01020--005 \*\*35.00

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STATE  
FALL GOSSETT, FL

2022 MAY -2 PM 3:42

FILED

5/4/2022

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Autograph Properties 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:

Michael Sadeghpour

Name of Person

Autograph Properties LLC

Firm/Company

18167 US Highway 19 N Suite 450

Address

Clearwater Florida 33764

City/State and Zip Code

michaelsad23@gmail.com

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

For further information concerning this matter, please call:

Michael Sadeghpour

Name of Person

at ( 727 )

254-6692

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 APR 14 AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FL

March 31, 2022

MICHAEL SADEGHPOUR  
18167 US HIGHWAY 19 N  
SUITE 450  
CLEARWATER, FL 33764

SUBJECT: AUTOGRAPH PROPERTIES, LLC  
Ref. Number: L17000212211

We have received your document for AUTOGRAPH PROPERTIES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 422A00007541

**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: Autograph Properties LLC
2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
18167 US Highway 19 Suite 450  
Clearwater Florida 33764
- (b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
18167 US Highway 19 Suite 450  
Clearwater Florida 33764
3. 10/13/2017  
Date of filing/registration in Florida
4. L17000212211  
Document number

5. (a) United States Corporation Agents, Inc  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
13302 Winding Oak Court A  
Tampa, FL 33612

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Michael Sadeghpour  
NEW Registered Office Address:  
18167 US Highway 19 Suite 450  
Clearwater, FL 33764

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2022 MAY -2 PM 3:42  
TALLAHASSEE, FL

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

Michael Sadeghpour  
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