

L17000231986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

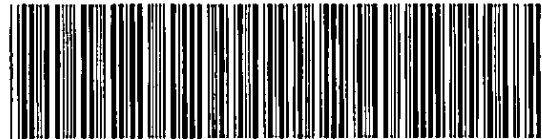
(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 19, 2020

JAMES D. ALLEN, ESQ
50 N. LAURA STREET
SUITE 2500
JACKSONVILLE, FL 32202

SUBJECT: EVENT VENUE STA LLC
Ref. Number: L17000231986

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Querida R Moore
Regulatory Specialist II

Letter Number: 620A00010129

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EVENT VENUE STA, 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:

JAMES D. ALLEN, ESQ.

Name of Person

LAW OFFICES OF JAMES D. ALLEN, PA

Firm/Company

50 N. LAURA STREET, SUITE 2500

Address

JACKSONVILLE, FL 32202

City/State and Zip Code

JAMES@JDA-LAW.COM

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

For further information concerning this matter, please call:

JAMES D. ALLEN, ESQ.

904

508-3061

at ()

Name of Person

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

**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: EVENT VENUE STA, LLC

2. (a) 275 S. LEGACY TRAIL (b) 275 S. LEGACY TRAIL

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

ST. AUGUSTINE, FL 32092

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

ST. AUGUSTINE, FL 32092

11/09/2017

L17000231986

3. Date of filing/registration in Florida

4. Document number

5. (a) VOLYNSKIY, PAVEL

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

275 S. LEGACY TRAIL

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ST. AUGUSTINE, FL 32092

(b) JAMES D. ALLEN, ESQ.

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

LAW OFFICES OF JAMES D. ALLEN, PA

NEW Registered Office Address:

50 N. LAURA STREET, SUITE 2500

JACKSONVILLE, FL 32202

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

PAVEL VOLYNSKIY

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.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

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