

L17 000 257 157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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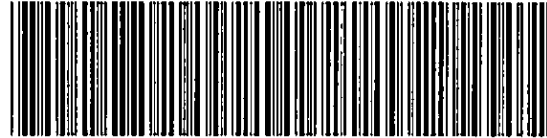
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: We Have Parkinsons 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:

Jonathan Sherman

Name of Person

We Have Parkinsons LLC

Firm/Company

3152 Little Road Unit 129

Address

Trinity, FL 34655

City/State and Zip Code

jon@wehaveparkinsons.com

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

For further information concerning this matter, please call:

Jonathan Sherman

Name of Person

888

at (_____) _____

230-9547

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

**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: We Have Parkinsons, LLC
2. (a) 3152 Little Road Unit 129
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Trinity, FL 34655
- (b) 3152 Little Road Unit 129
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Trinity, FL 34655
3. 12/18/2017
Date of filing/registration in Florida
4. L17000257157
Document number
5. (a) Jonathan Sherman
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
4281 Express Lane N4207
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Sarasota, FL 34249
- (b) Jonathan Sherman
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
7143 State Road 54 Unit 271
NEW Registered Office Address:
New Port Richey, FL 34653-6104

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SECRETARY OF STATE

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.

Jonathan Sherman
Signature of a member or authorized representative of a member

Jonathan Sherman

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.

Jonathan Sherman
Signature of Registered Agent