

L17000257849

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

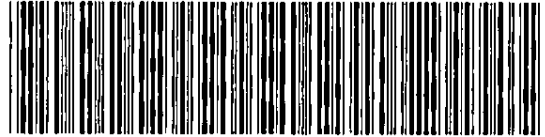
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
OCT 26 2023

Office Use Only



500417276085

10/19/23--01054--001 ++25.00

23 OCT 18 PM 12:42

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEASONAL STOP 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:

EUGENE WAYNE FRANCIS III

Name of Person

SEASONAL STOP LLC

Firm/Company

469 CAIDEN DRIVE

Address

PONTE VEDRA, FL 32081

City/State and Zip Code

ewayne78@gmail.com

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

For further information concerning this matter, please call:

EUGENE WAYNE FRANCIS

904 860-2306
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: SEASONAL STOP LLC

2. (a) 1701 The Greens Way (b) 1701 The Greens Way

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

UNIT 1911

UNIT 1911

Jacksonville Beach, FL 32250

Jacksonville Beach, FL 32250

3. ~~May 1 2017~~ Dec. 19, 2017 4. 117000257849

Date of filing/registration in Florida

Document number

5. (a) EUGENE FRANCIS
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1949 HOVINGTON CIR E

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

JACKSONVILLE, FL 32246

(b) EUGENE FRANCIS
Enter name of NEW Registered Agent and/or NEW Registered Office address.

469 CAIDEN DRIVE

NEW Registered Office Address:

PONTE VEDRA, FL 32081

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.

EUGENE FRANCIS

Signature of a member or authorized representative of a member

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.

Wg. J. m.
Signature of Registered Agent