

L18 0000 24038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

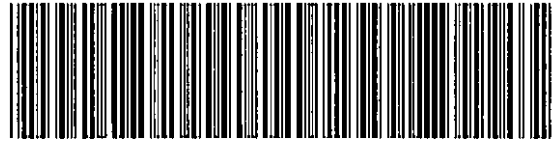
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Y. SILVER

10/15/2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 4, 2019

S2F SERVICES ARBOR CARE, LLC
PO BOX 17925
WEST PALM BEACH, FL 33416

SUBJECT: S2F SERVICES ARBOR CARE, LLC
Ref. Number: L18000024038

We have received your document for S2F SERVICES ARBOR CARE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 119A00022731

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S2F Services Arbor Care, 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:

Stuart Fisher
Name of Person

S2F Services Arbor Care, LLC
Firm/Company

P.O. Box 17925
Address

West Palm Beach, FL 33416
City/State and Zip Code

stuart@s2fservicesllc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stuart Fisher at (561) 797-8880
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

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: S2F Services Arbor Care, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

1732 S. Congress Ave # 315
Palm Springs, FL 33461

P.O. Box 17925
West Palm Beach, FL 33416

3. 1/26/2013 4. L18000024058
Date of filing/registration in Florida Document number

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

Stuart D Fisher
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

312 Cavalier Road
Palm Springs, FL 33461

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Stuart Fisher
NEW Registered Office Address:

1732 S Congress Ave # 315
Palm Springs, FL 33461

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] Stuart Fisher
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.

[Signature]
Signature of Registered Agent

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

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2019 NOV 25 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA