

L18 00002951Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

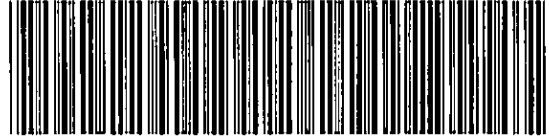
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/18/20--01010--028 **25.00

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2020 SEP 18 AM 9:22

CLERK OF STATE
TALLAHASSEE, FL

JQ 10/23/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MORTEL INVESTMENTS, 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:

Kerlin Blaise

Name of Person

Mortel Investments, LLC

Firm/Company

17786 Parkshore Dr.

Address

Northville, MI 48168

City/State and Zip Code

blaise@blazecontracting.net

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

For further information concerning this matter, please call:

Kerlin Blaise

Name of Person

at (248)

640-5892

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.

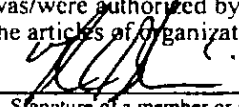
1. Name of the limited liability company: MORTEL INVESTMENTS, LLC
2. (a) MORTEL INVESTMENTS, LLC
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
17786 PARKSHORE DR.
NORTHVILLE, MI. 48168
- (b) MORTEL INVESTMENTS, LLC
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
17786 PARKSHORE DR.
NORTHVILLE, MI 48168
3. 02/01/2018 Date of filing/registration in Florida
4. L18000029512 Document number
5. (a) DANNY VERDECCHIA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
C T CORPORATION SYSTEM
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
1200 SOUTH PINE ISLAND ROAD BROWARD COUNTY
PLANTATION, FL 33324
- (b) ST. PHARD BLAISE
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:
2592 TALL MAPLE LOOP

OCOE, FL 34761

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2020 SEP 18 AM 9:22
SECRETARY OF STATE
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 of a member or authorized representative of a member

KERLIN BLAISE

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 of Registered Agent

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