

L180000 48346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

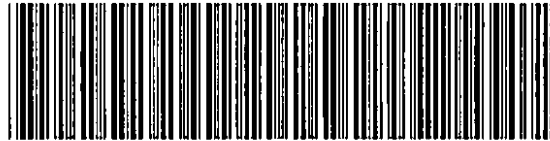
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19 NOV 14 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 14 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2019

CHARLES YOUNG
YOUNG & SONS TAX ACCOUNTING
4142 MARINER BLVD STE 221
SPRINGHILL, FL 34609

SUBJECT: DISTANCE ZERO, LLC
Ref. Number: L18000048346

We have received your document for DISTANCE ZERO, 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):

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 319A00022013

RECEIVED

2019 Nov 14 10:10 AM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Distance Zero, 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:

Charles Young
Name of Person

Young & Sons tax and Accounting
Firm/Company

4142 mariner Blvd Ste 221
Address

Springhill FL 34609
City/State and Zip Code

admin@youngandson.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Young at 813 906 9782
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: Distance Zero, LLC

2. (a) 4142 mariner Blvd (b) 4142 mariner Blvd
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Ste 128 Ste 128
Tampa FL 34609 Tampa FL 34609

3. 02/22/2018 4. 618000048346
Date of filing registration in Florida Document number

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

1228 E 7th Ave
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa FL 33605

(b) Young & Sons tax and Accounting
Enter name of NEW Registered Agent and/or NEW Registered Office address

4142 mariner Blvd
NEW Registered Office Address

Ste 221

Springhill FL 34609

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

Eion Fitzpatrick

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 of Registered Agent

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

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OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA