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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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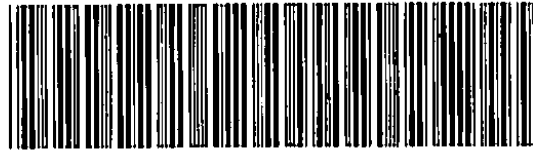
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Maintain My Credit, 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:

Arica Anderson
Name of Person

Firm/Company

4405 Fishburn Square Dr. Tampa, FL 33610
Address

Tampa, FL 33610
City/State and Zip Code

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

For further information concerning this matter, please call:

Arica Anderson at (769) 798-1436
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
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 Florida.

1. Name of the limited liability company: Maintain My Credit, LLC

2. (a) 100 S Ashley Dr. Ste 600 (b) 100 S Ashley Dr. Ste 6

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE**)

Tampa, FL 33602

Tampa, FL 33602

3. Date of filing/registration in Florida

4. Document number

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

Erica Anderson
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

4405 Ashburn Square Dr
Tampa, FL 33610

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

NEW Registered Office Address:

100 S Ashley Dr Ste 600
Tampa, FL 33602

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed the change or changes are made, the Florida street address of the registered office and the business office of the agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change 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]
Signature of a member or authorized representative of a member

Erica Anderson
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 the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is to merely reflect a change in the registered office address, I hereby confirm that the limited liability company was notified in writing of this change.

[Signature]
Signature of Registered Agent

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