

L180000 89531

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

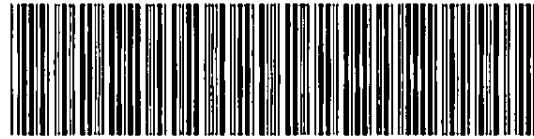
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2021 FEB -4 PM 12:00
TOLSON, D. P.

O SIMMONS
FEB 10 2021



FLORIDA DEPARTMENT OF STATE - 2021 JAN 27 7:09
Division of Corporations

January 27, 2021

CARLY SAMS
PO BOX 11113
ST PETERSBURG, FL 33733

SUBJECT: THE IDEAL ASSISTANT, LLC
Ref. Number: L18000089531

We have received your document for THE IDEAL ASSISTANT, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 321A00001842

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Ideal Assistant, 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:

Carly Sams

Name of Person

The Ideal Assistant, LLC

Firm/Company

PO Box 11113

Address

Saint Petersburg, FL 33733

City/State and Zip Code

carlytia2014@gmail.com

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

For further information concerning this matter, please call:

Carly Sams

727

310-6817

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

RECEIVED
DEC 14 2020

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: The Ideal Assistant, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

175 1st ST S Apt 3203

Saint Petersburg, FL 33701

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

PO Box 11113

Saint Petersburg, FL 33733

3/28/2018

L18000089531

3. _____ Date of filing/registration in Florida 4. _____ Document number

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

Joel Schmitz CPA Inc

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2436 Central Ave

Saint Petersburg, FL 33712

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

Carly Sams

NEW Registered Office Address:

175 1st ST S Apt 3203

Saint Petersburg, FL 33701

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.

Carly Sams
Signature of a member or authorized representative of a member

Carly Sams

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.

Carly Sams
Signature of Registered Agent