

L18 0000 98502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

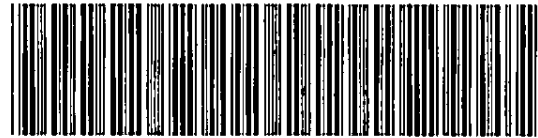
(Document Number)

Certified Copies _____ Certificates of Status _____

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9/22

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2021 SEP 22 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FL

10/5/2021
JH

LAW OFFICES

FRANK J. GRECO, P.A.

A FLORIDA PROFESSIONAL ASSOCIATION

143 E. DAVIS BLVD. UNIT 4

TAMPA FLORIDA 33606

TELEPHONE: (813) 287-0550

Email: fgrecolaw@verizon.net

September, 2021

Division of Corporations

Regulatory Specialist II- Jasmine N. Horne

2415 N. Monroe Street Suite 810

Tallahassee, Florida 32303

Overnight Delivery

RE: Change of Registered Agent Address

NAME OF ENTITY: Ghent Pen LLC

Letter Number: 721A00020976

Dear Ms. Horne

Thank you for your recent correspondence regarding the referenced entity. For easy reference, enclosed please find a copy of your letter.

In response to your correspondence, I file the enclosed Statement for Change of Registered Agent Address for Limited Liability Company.

Please note the registered agent remains the same for each entity and **only the address of the registered agent has changed.**

Please also note the filing fee for this entity was previously remitted.

I thank you in advance for processing the requested change of address and should you have any questions please contact me. Also, please send confirmation of the change to my new address 143 E. Davis Blvd. Unit 4 Tampa, Florida 33606

Very truly yours,

Frank J. Greco, P.A.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2021

GHENT PEN, LLC
16410 BRIDGELAWN AVE
LITHIA, FL 33547 US

SUBJECT: GHENT PEN, LLC
Ref. Number: L18000098502

We have received your document and check(s) totaling \$1120.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a CORPORATION REGISTERED AGENT CHANGE, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 721A00020976

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: Ghent Pen, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

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

16410 Bridgelawn Ave.
Lithia, FL 33547

Mailing address of limited liability company:

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

Same

3. 04/19/2018 Date of filing/registration in Florida 4. L18000098502 Document number

5. (a) Frank J. Greco

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

708 S. Church Avenue
Tampa, FL 33609

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

NEW Registered Office Address:

143 E. Davis Blvd, Unit 4
Tampa, FL 33606

FILED
2021 SEP 22 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FL 32311

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

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.

9/22/21
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00