

L18000 109 101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

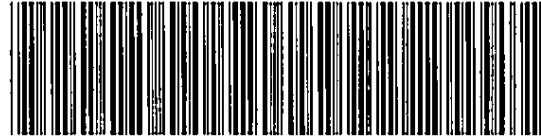
(Business Entity Name)

(Document Number)

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CLERK OF STATE
OFFICE OF CORPORATION
20 APR -6 PM 4:00

RA Change

APR 16 2020

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAFETY 49 COMPLIANCE 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:

Juan Orozco

Name of Person

SAFETY 49 COMPLIANCE LLC

Firm/Company

3142 SW Sisters Welcome Rd

Address

LAKE CITY, FL 32024

City/State and Zip Code

safety49compliance@gmail.com

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

For further information concerning this matter, please call:

Juan Orozco

Name of Person

at (786) 608-5260

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

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DIVISION OF CORPORATIONS
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**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: SAFETY 49 COMPLIANCE LLC

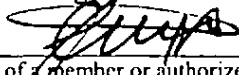
| | |
|---|---|
| 2. (a) <u>Juan Orozco</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>3142 SW Sisters Welcome Rd.</u> <u>Lake City, FL 32024</u> | (b) <u>Juan Orozco</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>3142 SW Sisters Welcome Rd.</u> <u>Lake City, FL 32024</u> |
|---|---|

| | |
|--|---|
| 3. <u>05/01/2018</u> Date of filing/registration in Florida | 4. <u>L18000109101</u> Document number |
|--|---|


5. (a) Cheyenne Moseley, US Corp Agents
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
UNITED STATES CORPORATION AGENTS, INC.
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
13302 WINDING OAK COURT A
TAMPA, FL 33612

(b) Juan Orozco
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
Juan Orozco
NEW Registered Office Address:
3142 SW Sisters Welcome Rd
Lake City, FL 32024

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 member or authorized representative of a member | <u>Juan Orozco</u> 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

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DIVISION OF STATE
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20 APR -6 PM 4:00