

L18000 112 365

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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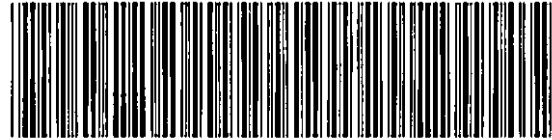
(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: Anglers LED 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:

Kim Power

Name of Person

Power Performance Engineering, LLC

Firm/Company

14260 60th St N

Address

Clearwater, FL 33760

City/State and Zip Code

kimberly.power@ymail.com

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

For further information concerning this matter, please call:

Kim Power

Name of Person

at (727) 223-5999

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: Anglers LED LLC
2. (a) Anglers LED LLC
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
14260 60th St N
Clearwater FL, 33760
- (b) Anglers LED LLC
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
14260 60th St N
Clearwater FL, 33760
3. 5/4/2018
Date of filing/registration in Florida
4. L18000112365
Document number
5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
James R Saffold II
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
16210 Swenson Terrace
Lutz, FL 33549
- (b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
Kimberly Power
NEW Registered Office Address:
14260 60th St N
Clearwater, FL 33760

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.

Kimberly Power
Signature of a member or authorized representative of a member

Kimberly Power
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.

Kimberly Power
Signature of Registered Agent