L18000148873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

100330264921

06/03/19--01024--012 **25.00

FILED
19 JUN -3 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 19 2019

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seneca Analytics 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:

Matthew Mazur
Name of Person

Seneca Analytics LLC
Firm/Company

923 Alden Bridge Dr
Address

Cary, NC 27519
City/State and Zip Code

matthew.h.mazur@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matthew Mazur at (561) 301-2748
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 FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compa submits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

1. Name of the limited liability company: Seneca Analytics LLC

2. (a) 923 Alden Bridge Dr
Cary, NC 27519
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 923 Alden Bridge Dr
Cary, NC 27519
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 06/18/2018
Date of filing/registration in Florida

4. L18000148873
Document number

5. (a)
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
MAZUR, MATTHEW H
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
3549 Moss Pointe Pl
Lake Mary, FL 32746

(b)
Enter name of NEW Registered Agent and/or NEW Registered Office address:
TFP REGISTERED AGENT SERVICES
NEW Registered Office Address:
4070 Aloma Ave Ste 1010
Winter Park, FL 32792

FILED
19 JUN -3 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 register 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

May 29, 2019
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 th provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and acce the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being file 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

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314
FILING FEE: $25.00

INHS18 (2/14)