

# L18000152878

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

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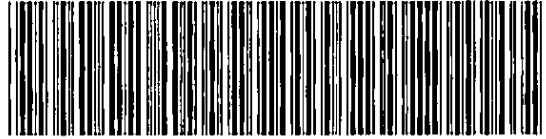
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FL

2021 MAR 18 AM 7:48

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D. BRUCE  
MAY 19 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VERMONT LLC

\_\_\_\_\_  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L18000152878

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

DONDRICK BROOKS

\_\_\_\_\_  
Name of Person

VERMONT LLC

\_\_\_\_\_  
Name of Firm/Company

6945 MORSE AVE #224

\_\_\_\_\_  
Address

JACKSONVILLE, FL 32244

\_\_\_\_\_  
City/State and Zip Code

DONBOLITA3@GMAIL.COM

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

For further information concerning this matter, please call:

DONDRICK BROOKS

at ( 904 ) 862-9554

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**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

**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: VERMONT LLC

2. (a) 9907 8th st #1269 Gotha FL 34734  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

(b) 9907 8th st #1269 Gotha FL 34734  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

3. 6/21/2018 Date of filing/registration in Florida

4. L18000152878 Document number

5. (a) BEN SPIVEY, B SPIVEY  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
9907 8th st #1269 GOTH A FL 34734  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
9907 8th st#1269  
GOtha FL 34734

(b) DONDRICK D BROOKS  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
6945 Morse Ave Apt 224 JACKSONVILLE FL 32244  
NEW Registered Office Address:  
6945 Morse Ave Apt 224  
JACKSONVILLE FL 32244

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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.

BEN SPIVEY  
Signature of a member or authorized representative of a member

BEN SPIVEY

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.*

BEN SPIVEY  
Signature of Registered Agent

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