

LI8000152878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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03/18/21--01016--021    \*\*85.00

(Business Entity Name)

(Document Number)

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MAY 19 2021

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STATE OF NEW YORK  
ATTALIA, INC.

FILED  
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:

## DONDICK 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:

DONDRECK 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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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	(b) 9907 8th st #1269 Gotha FL 34734
Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>	
Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>	
6/21/2018	
3. Date of filing/registration in Florida	4. Document number
BEN SPIVEY , B SPIVEY	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 9907 8th st #1269 GOTHA FL 34734	
Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i> 9907 8th st#1269	
GOTHA _____, FL 34734	
(b) DONDRECK D BROOKS	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : 6945 Morse Ave Apt 224 JACKSONVILLE FL 32244	
<u>NEW Registered Office Address:</u> 6945 Morse Ave Apt 224	
JACKSONVILLE _____, FL 32244	

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TALLAHASSEE, FL

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

Printed or typed name of signor

*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]*  
Signature of Registered Agent

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