## 

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
2 2 2022
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2022 JUL -6 AM 11: 25

## FLORIDA DEPARTMENT OF STATE Division of Corporations TO LEAD T

June 16, 2022

LESLIE ARTZE 630 N. WYMORE RD. SUITE 370 MAITLAND, FL 32751 US

SUBJECT: SIGGS HOLDINGS LLC

Ref. Number: L18000175314

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 122A00013552

## COVER LETTER

Division of Corporations	
SUBJECT: S	GGS Holdings, LLC. Name of Limited Liability Company
	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	g this matter to the following:
Les lie Art	<u> </u>
Kendrick Law Firm/Company	
630 N. Wymore Ro	1. 8te 370
Mai Hand, FL 3 City/State and Zip Co	
les lie @ Kendrick landeress: (to be used for future	annual report notification)
For further information concerning this ma	tter, please call:
Leslie Artze Name of Person	at ( 407 ) 641 - 5847 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 follow	ving 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.

L Na	ame of the limited liability company: Siggs Holdings, LLC	1 <u></u>
2. (a)	3 0	
2. (11)	Principal office address of limited liability company: Mailing address	of limited liability company: BE POST OFFICE BOX)
	12101 Honeysuckie Rd. 12101 Hon	neysuckie Rd.
	Fort Myers, FL 23966 Fort Mey	ers, FL 33966
3.	Date of filing/registration in Florida  Document nu	
	Theresa M. Zorn Tax & Accounting Services, LLC Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	50 <b>&gt;</b>
	105 Dune Lane	022 J
	<u>Cocog</u> FL 32927	FIL 1022 JUL -6 SECRETARY
(b)	Jessica Hallgren Kendrick PLLC Enter name of NEW Registered Agent and/or NEW Registered Office address:	AMII:21
	MaiHand FL 32751	
change agent v was/we the arti	imited liability company is not organized under the laws of the State of Florida, it is here to or changes are made, the Florida street address of the registered office and the business will be identical. Or, in the case of a Florida limited liability company, it is hereby conficere authorized by an affirmative vote of the members of the limited liability company or icles of organization or the operating agreement of the limited liability company.  TESTICA  Territed or types	office of the registered rmed that the change(s)
provisi the obl to merc notified	by accept the appointment as registered agent and agree to act in this capacity. I furthe ions of all statutes relative to the proper and complete performance of my duties, and I a ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if the liveral of the chapter of the registered office address, I hereby confirm that the limited liad in writing of this change.  The provided in the limited liad in writing of this change.	r agree to comply with the m familiar with and accept his document is being filed bility company has been