

218 000 188504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

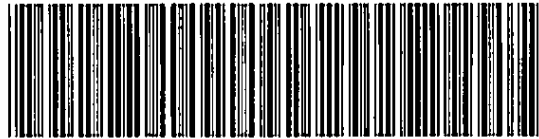
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700369520787

09/24/21 10:01:01 AM

SEP 27 2021
TALLAHASSEE, FL

2021 SEP 27 AM 8:38

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

SEP 27 PM 12:49

August 2, 2021

TOD WHIPPLE
19585 THE PLACE BLVD
ESTERO, FL 33928

SUBJECT: FOUR REAL ESTATE LLC
Ref. Number: L18000188504

We have received your document for FOUR REAL ESTATE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 121A00018032

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ~~XXXX~~ Four Real Estate 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:

Tom Whipple
Name of Person

Firm/Company

19585 The Place Blvd.
Address

Estero FL 33928
City/State and Zip Code

tom.whipple@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____. at (_____) _____
Name of Person 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 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: Fauc Real Estate LLC
2. (a) 19585 The Place Blvd (b) 19585 The Place Blvd.
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Estero, FL 33928 Estero, FL 33928
3. 8/3/2018 4. L18000188504
Date of filing/registration in Florida Document number
5. (a) Too Whipple
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
3010 Terrace Way #3215
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Estero FL 33928
- (b) Too Whipple
Enter name of NEW Registered Agent and/or NEW Registered Office address:
19585 The Place Blvd.
NEW Registered Office Address:
Estero FL 33928

FILED
2021 SEP 27 AM 8:38
SECY. DIV. OF STAT.
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.

[Signature]
Signature of a member or authorized representative of a member

Too Whipple, Manager
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 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