

L18000 202 757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

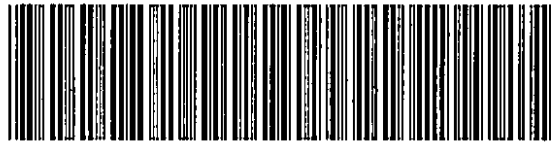
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000334405870

FILED

2019 SEP 16 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

77 SULKER

SEP 26 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ROOTED APOTHECARY 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:

CABE COPELAND
Name of Person

ROOTED APOTHECARY LLC
Firm/Company

4280 TAMiami TR L E, STE 103
Address

NAPLES, FL 34112
City/State and Zip Code

CABE@ROOTED APOTH.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CABE COPELAND at (239) 776-1431
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 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: ROOTED APOTHECARY

2. (a) 3958 RECREATION LN (b) 3958 RECREATION LN

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

NAPLES, FL 34116

NAPLES, FL 34116

3. 8/23/2018 4. L18000202757
Date of filing/registration in Florida Document number

5. (a) RYAN COWETT
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3958 RECREATION LANE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

NAPLES, FL 34116

(b) CADE COPELAND
Enter name of NEW Registered Agent and/or NEW Registered Office address:

4280 TAMiami TRAIL EAST

NEW Registered Office Address:

STE 103

NAPLES, FL 34112

FILED
2019 SEP 16 PM 2:38
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 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

DR. CADE COPELAND
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.

[Signature]
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00