## <u>LI8000 221 953</u>

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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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2019 OCT -4 PM 2: 57 i I 







September 19, 2019

KERRY FULLER TUN-2733 SAND HOLLOW CT CLEARWATER, FL 33761

SUBJECT: SUCCESS BUSINESS, LLC Ref. Number: L18000221953

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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

THE DOCUMENT SUBMITTED WAS NOT LEGIBLE DUE TO THE CONTENTS BEING VERY SMALL IN SIZE. PLEASE RESUBMIT WITH A LARGER FONT.

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.

Susan Tallent Regulatory Specialist II

Letter Number: 219A00019435

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10-2-19 Hi - ATTACHED IS CONRECT, NOOMAL SIZE DOZUMENT. NOOMAL SIZE DOZUMENT. LET ME KNOW RECEIVED + OKAY VON HAVE IF CAN. 25 DECONDUR FEG ACRSADY THANKS LEY FULL WWW. SUNDIZORS - 1727-422-281 WWW. SUNDIZORS - 1727-422-281 727-422-2819 sunhiz org

## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT: SUCCESS Business LLC

Name of Limited Liability Company

Dear Sir or Madam:

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The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kerry Fuller

Name of Person

Firm/Company

2733 Sand Hollow Ct

Address

Clearwater, FL 33761

City/State and Zip Code

realtorfuller@gmail.com

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

For further information concerning this matter, please call:

Kerry Fuller

727\_\_\_\_\_\_at (\_\_\_\_\_\_

, 422 2819

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:

2 \$25 Filing Fee

S55 Filing Fee & Certified Conv.

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LUMITED LIABILITY COMPANY

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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.

I. Nai	me of the limited liability company:	Success Busi	ness L	LC				
2. (a) _	628 Cleveland Street #1406 Principal office address of limited liability company (Nate: MUST BE STREET ADDRESS)		(t	2733 Sand Hollow Ct				_
			_ ((	Mailing address of limited liability company. ( <u>Note: MAY BE POST OFFICE BOX</u> )				
	Clearwater, FL 33755			Clearwat	er, FL 33761			_
	9/18/2018	<u> </u>		L1800022	1953			
3.	Date of filing/registration i	n Florida	4.	]	Document number			_
5. (a)	United States Corporation Ag	jents, Inc						
	Registered Agent and Registered Office shown on the records of the Florida Dept of State 5575 S. Semoran Blvd			Dept of State:		() ()	2019 OCT	. : <b>*</b> * E1
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			£1			)CT	
	Suite 36					c ^		か通信中 1
	Orlando	, FI.	3282	2			РМ	
(b)	Kerry Fuller						2: 57	Sec.
	Enter name of <u>NEW Registered Agent</u> and or <u>NEW Registered Office address</u> .					ليا		
	2733 Sand Hollow Ct							
	<u>NEW</u> Registered Office Address:							
	Clearwater	, FL	33761	,				

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.

Shennarg.	Sherry Lung
Signature of a more of a authorized representative of a member	Printed or typed name of signee
I hereby accept the appointment as registered agent and agre	we to act in this capacity. I further agree to comply with the
provisions of all statutes relative to the proper and complete i the obligations of my position as registered agent as provided	performance of my duties, and Law Tawilian with and accept
to merely peffect a change in the registered office address. I h	ereby confirm that the limited liability company has been

notified in writing of this change	петсоў сопунт та	сте итиса набниу сотр	any i
Signature of Registered Agent		FULLER	

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