

118000224106

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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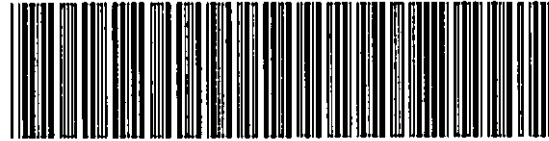
(Business Entity Name)

(Document Number)

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SEC. OF STATE
TALLAHASSEE, FL

JUL 29 2021

C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

EZ SPREE LLC

SUBJECT: _____
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:

ESTEVES NIEVES, ISAIAS, SR.

Name of Person

Ez Spruce LLC

Firm/Company

14037 Fairway Island Dr. Apt. 231

Address

Orlando, Florida 32837

City/State and Zip Code

Isaiasestevsnieves@hotmail.com

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

For further information concerning this matter, please call:

Isaias Esteves Nieves	407	5084986
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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.

EZ SPREE LLC

1. Name of the limited liability company: EZ SPREE LLC
14037 Fairway Island Dr. Apt 231 Orlando Florida 32837 14037 Fairway Island Dr. Apt 231 Orlando Florida
2. (a) Principal office address of limited liability company: (b) Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- _____ _____
_____ _____
- L18000224106

3. Date of filing/registration in Florida 4. Document number
ESTEVES NIEVES, ISAIAS, SR.

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
RODRIGO L. NIEVES
UNIT 3
KISSIMEE, FL 34713

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____, FL _____

ESTEVES NIEVES, ISAIAS, SR.

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

14037 Fairway Island Dr. Apt. 231 Orlando, FL 32837

NEW Registered Office Address:

_____, 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.

Isaias Esteves Nieves
Signature of a member or authorized representative of a member

Isaias Esteves Nieves
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.

Isaias Esteves Nieves
Signature of Registered Agent