

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : MORAN KIDD LYONS JOHNSON, P.A.  
Account Number : 120000000003  
Phone : (407)841-4141  
Fax Number : (407)841-4148

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

DEMETRIADIS1, LLC

Certificate of Status	0
Certified Copy	0
Page Count	X 2
Estimated Charge	\$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 APR 25 AM 11:21

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APR 26 2022

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Demetriadis1, 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:

Christopher R. Parkinson

\_\_\_\_\_  
Name of Person

Moran Kidd Lyons Johnson Garcia, P.A.

\_\_\_\_\_  
Firm/Company

111 N. Orange Avenue, Suite 900

\_\_\_\_\_  
Address

Orlando, Florida 32801

\_\_\_\_\_  
City/State and Zip Code

cparkinson@morankidd.com

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

For further information concerning this matter, please call:

Christopher R. Parkinson

\_\_\_\_\_  
at (407) 581-6415

\_\_\_\_\_  
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

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# 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: Demetriadis, LLC
2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
111 N. Orange Avenue, Suite 900  
Orlando, FL 32801
- (b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)
3. 12/21/2018  
Date of filing/registration in Florida
4. L18000292286  
Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Trow, Dobbins & Pisani, P.A.  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1301 NE 14th Street  
Ocala, FL 3470
- (b) Christopher R. Parkinson  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Moran Kidd Lyons Johnson Garcia, P.A.  
NEW Registered Office Address:  
111 N. Orange Avenue, Suite 900  
Orlando, FL 32801

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.

Eugenis Demetriadis  
Signature of member or authorized representative of a member

Eugenis Demetriadis  
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.

Chris  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

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