

L1900001105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

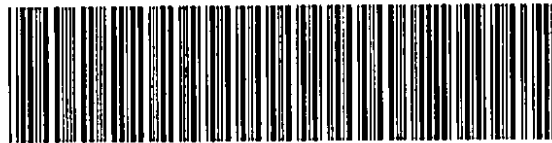
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2020 FEB 24 PM 5:45

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FEB 24 2020

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 FEB 25 11:11:54

February 11, 2020

JEFFREY SCALLON
AMERISWISS LLC
10122 LINDELAAN DRIVE
TAMPA, FL 33618

SUBJECT: AMERISWISS LLC
Ref. Number: L19000011105

We have received your document for AMERISWISS 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 LLC. 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.

Shelia H Young
Regulatory Specialist II

Letter Number: 820A00003111

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ameri Swiss 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:

Jeffrey Scallon
Name of Person

Ameri Swiss LLC
Firm/Company

10122 Lindelaan Dr.
Address

Tampa, FL 33618
City/State and Zip Code

Jscallon@PecSculptor.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Scallon at (386) 383-7821
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

Balance already paid

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: Ameri Swiss LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: _____
(Note: MUST BE STREET ADDRESS) _____
Mailing address of limited liability company: _____
(Note: MAY BE POST OFFICE BOX) _____

10122 Lindelaan Dr.
Tampa, FL 33618

10122 Lindelaan Dr.
Tampa, FL 33618

3. 01/09/2019 4. L19000011105
Date of filing/registration in Florida Document number

5. (a) North west registered agent LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
7901 4th st. N STE 300
S.T. Petersburg, FL 33702

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

1
NEW Registered Office Address:
10122 Lindelaan Dr.
Tampa, FL 33618

FILED
2020 FEB 24 PM 5:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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.

Jeffrey Scallon
Signature of a member or authorized representative of a member 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.

Jeffrey Scallon
Signature of Registered Agent