

L19000028725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2021 MAY 31 AM 9:25
TALLAHASSEE, FL

BY BRUCE
MAY 21 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Atlantic Law Group, PLLC
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:

Lydia Zbrzezni

Name of Person

Southern Atlantic Law Group, PLLC

Firm/Company

99 6th Street SW

Address

Winter Haven, FL 33880

City/State and Zip Code

lydia@southernatlanticlaw.com

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

For further information concerning this matter, please call:

Lydia Zbrzezni

at (863) 656-6672

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

2021 MAR 31 AM 9:25
TALLAHASSEE
FBI

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.

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Signature of Registered Agent