

L19000059466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

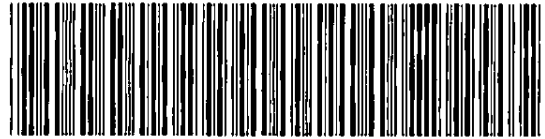
(Document Number)

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J. HORNE  
JUN - 4 2024

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04/20/24-00000004-0000

FILED  
2024 MAY 31 AM 9:03  
J. HORNE  
JUN - 4 2024

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Prank Calling Apps 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:

Ada De La Cruz

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

Prank Calling Apps LLC

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

124 North Nova Rd 5019

\_\_\_\_\_  
Address

Ormond Beach, FL 32137

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

mcill21@gmail.com

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

For further information concerning this matter, please call:

Ada De La Cruz

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

at ( 631 )

559-9877

\_\_\_\_\_  
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.*

1. Name of the limited liability company: Prank Calling Apps LLC
2. (a) 124 North Nova Rd 5019, Ormond Beach, FL 32174  
Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)
- (b) 124 North Nova Rd 5019, Ormond Beach, FL 32174  
Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)
3. 4/4/24 Date of filing/registration in Florida
4. L21000289915 Document number
5. (a) Convery Tax & Accounting  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Convery Tax & Accounting  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
9 Burnell Place  
Palm Coast, FL 32137
- (b) Convery Tax & Accounting  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Convery Tax & Accounting  
NEW Registered Office Address:  
50 Leanni Way Ste C2  
Palm Coast, FL 32137

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2024 MAY 31 AM 9:05

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.

Adan De La Cruz  
Signature of a member or authorized representative of a member

Adan De La Cruz

Printed or typed name of signee

*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.*

Jonathan Convery  
Signature of Registered Agent