

L19 000 090 462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

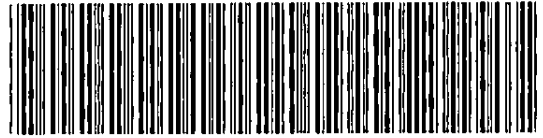
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400406105414

2023 FEB 11 AM 10:13
FILING OFFICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chase Ventures 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:

Eleanor (Leah) Hyland
Name of Person

Chase Ventures
Firm/Company

925 Spanish Dr N
Address

Longboat Key FL 34228
City/State and Zip Code

hyland.leah@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Eleanor Hyland 8633335324
Name of Person at 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

2018 FEB 11 PM 10:13
STATE OF FLORIDA
DIVISION OF CORPORATIONS

**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: Chase Ventures

2. (a) Chase Ventures (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

925 Spanish Dr N

Longboat Key FL 34228

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

03/31/2019

L19000090462

3. Date of filing/registration in Florida 4. Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

476 RIVERSIDE AVE.

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

JACKSONVILLE, FL 32202

(b) Eleanor Chase Hyland

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

4071 Via Sienna Cir

NEW Registered Office Address:

Sarasota, FL 34243

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.

[Signature]
Signature of a member or authorized representative of a member

Eleanor Hyland

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.

[Signature]
Signature of Registered Agent

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