

L1900000 92078

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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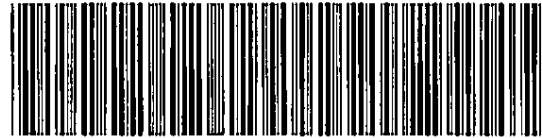
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mula Pedicabs 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:

John Mula

Name of Person

Mula Pedicabs LLC

Firm/Company

5 Aster Dr.

Address

Debary/ FL 32713

City/State and Zip Code

Mulapedicabs@gmail.com

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

For further information concerning this matter, please call:

John Mula

Name of Person

at (386) 785-9087

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2023.11.21 11:04

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.

Mula Pedicabs LLC

1. Name of the limited liability company: _____

2. (a) John Mula (b) John Mula

Principal office address of limited liability company:

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

5 Aster Dr.

Debary, FL 32713

Mailing address of limited liability company:

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

5 Aster Dr

Debary, FL 32713

04/03/2019

L19000092078

3. Date of filing/registration in Florida

4. Document number

CHEYENNE MOSELEY

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

LEGALZOOM.COM INC.

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

_____, FL _____

John Mula

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

Mula Pedicabs LLC

NEW Registered Office Address:

5 Aster Dr.

Debary 32713

_____, FL _____

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.

John A Mula
Signature of a member or authorized representative of a member

JOHN MULA
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.

John A Mula
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00