

L19000159024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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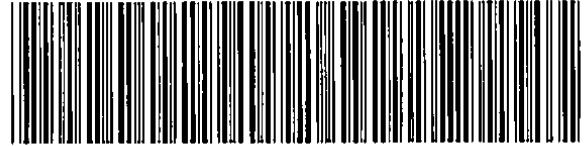
(Business Entity Name)

(Document Number)

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28 2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wiczrich Enterprises LLC
Name of Corporation

DOCUMENT NUMBER: L19000159024

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lucinda Sakowicz
Name of Contact Person

Wiczrich Enterprises LLC
Firm/Company

8201 Split Rail Ln
Address

Hudson, FL 34667
City/State and Zip Code

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

For further information concerning this matter, please call:

Lucinda Sakowicz at (239) 204-0947
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Wilzrich Enterprises LLC
2. The principal office address: 13528 Marquette Blvd
Fort Myers, FL 33905
3. The mailing address (if different): 8201 Split Rail Ln, Hudson, FL 34666
4. Date of incorporation/qualification: 6/17/2019 Document number: L19000159024
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

United States Corporation Agents, Inc
5575 S. Semoran Blvd-Suite 36
Orlando, FL 32822

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Lucinda Sakowicz
8201 Split Rail Ln
P.O. Box NOT acceptable
Hudson, FL ~~34666~~ 34667

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Lucinda Sakowicz
Signature of an officer or director

Lucinda Sakowicz, Mgr
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Lucinda Sakowicz
Signature of Registered Agent

4/18/2023
Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)