

L19 0001607X3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

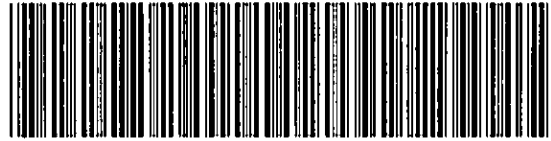
(Business Entity Name)

(Document Number)

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2020/04/16 PM 1:52

JD

C. GOLDEN

APR 17 2020

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

Florida Cash Out LLC

**SUBJECT:** \_\_\_\_\_  
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:

Ken Wazyniak

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

Florida Cash Out LLC

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

811 49th St N

\_\_\_\_\_  
Address

Saint Petersburg, FL 33710

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

ken.wazyniak@gmail.com

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

For further information concerning this matter, please call:

Ken Wazyniak

813

732-1391

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 30, 2020

KEN WAZYNIAK                    \*\*\*2ND MAILING\*\*\*  
4832 9TH AVENUE N  
SAINT PETERSBURG, FL 33713

SUBJECT: FLORIDA CASH OUT LLC  
Ref. Number: L19000160723

We have received your document for FLORIDA CASH OUT LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 120A00005668



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 14, 2020

KEN WAZYNIAK  
811 49TH STREET N  
SAINT PETERSBURG, FL 33710

SUBJECT: FLORIDA CASH OUT LLC  
Ref. Number: L19000160723

We have received your document for FLORIDA CASH OUT LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 120A00005668

3:50

RF

2020 MAR 14

**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.*

Florida Cash Out LLC

1. Name of the limited liability company: \_\_\_\_\_

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

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

811 49th St N

Saint Petersburg, FL 33710

06/18/2019

Mailing address of limited liability company:

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

811 49th St N

Saint Petersburg, FL 33710

L19000160723

3. \_\_\_\_\_ 4. \_\_\_\_\_

Date of filing/registration in Florida

Document number

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

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

4832 9th Ave N

Saint Petersburg

33713

, FL

(b) \_\_\_\_\_

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

Ken Wazyniak

**NEW** Registered Office Address:

811 49th St N

Saint Petersburg

33710

, 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.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Ken Wazyniak, Mar  
\_\_\_\_\_  
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 of Registered Agent

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