

L19 000 172412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

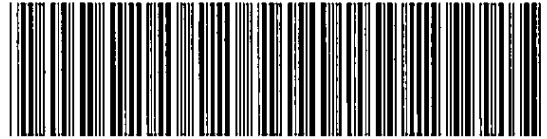
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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R. WHITE

OCT 12 2019

2019 SEP 27 PM 1:47

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Favorite Care Services, 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:

Nikita Fleurena

Name of Person

Favorite Care Services, LLC

Firm/Company

7628 North 56th Street Unit 2

Address

Tampa FL 33617

City/State and Zip Code

nalexandre89@gmail.com

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

For further information concerning this matter, please call:

Nikita Fleurena

Name of Person

at (781) 588-6281

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

**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: Favorite Care Services, LLC
2. (a) 7628 North 56th Street Unit 2
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Tampa FL 33617
- (b) 7628 North 56th Street Unit 2
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Tampa FL 33617
3. 07/02/2019
Date of filing/registration in Florida
4. L19000172412
Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7901 4th St N STE 4188

St Petersburg, FL 37702

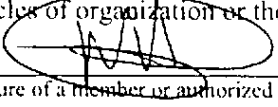
- (b) Nikita Fleurena
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

7628 North 56th Street Unit 2

Tampa, FL 33617

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

Nikita Fleurena

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

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