

L19000178405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

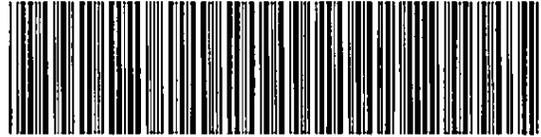
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2020 JUL 27 PM 4:00

CLERK OF SUPERIOR COURT  
COURT HOUSE  
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DENVER, CO 80202

JUL 28 2020  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 10, 2020

COLETTE SCHEUERMANN  
STORK MOVING  
8047 TAUREN CT  
NAPLES, FL 34119

SUBJECT: STORK MOVING LLC  
Ref. Number: L19000178405

We have received your document for STORK MOVING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 820A00013500

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Stork Moving  
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:

Colette Scheuermann  
Name of Person

Stork Moving  
Firm/Company

8047 Tauren Ct.  
Address

Naples, FL 34119  
City/State and Zip Code

storkmoving101@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Colette Scheuermann at ( 847 ) 359-7917  
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

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: Stark Moving

2. (a) Stark Moving (b) Stark Moving

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)

8047 Tauron Ct, Naples, FL 34119

8047 Tauron Ct, Naples, FL 34119

3. Date of filing/registration in Florida: July 10, 2019

4. Document number: L19000178405

5. (a) Registered Agent Inc, 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 300 St Petersburg, FL 33702

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(b) Colette T. Scheuermann Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address: 8047 Tauron Ct, Naples, FL 34119

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 Colette T. Scheuermann, member or authorized representative of a member

Printed or typed name of signee: Colette T. Scheuermann

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 Colette T. Scheuermann, Registered Agent