00176465

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

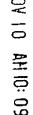
Office Use Only

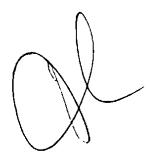


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07/18/22--01028--001 *#25.00

2022 HOV 10 AH 10: 09







October 17, 2022

STEVE-COBURN 5420 DIVISION DR FORT MYERS, FL 33905

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.

Tammi Cline Regulatory Specialist II Supervisor

Letter Number: 422A00023217

2022 NOV 10 AM 10: 09

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NUV 10 2022

COVER LETTER

TO:

INHS18 (2/14)

	istration Section sion of Corporations							
SUBJECT:	Stork A	Name of Limited I	Liability Company					
Dear Sir or N	Madam:							
The enclosed	d Registered Agent/Re	gistered Office Change and	d fee(s) are submitted for filing.					
Please return	all correspondence co	oncerning this matter to the	e following:					
Ste	eve Coburn Name of P	erson						
Storr	Moving LL Firm/Com	– C pany		2022				
5420	Division D Address	8		2022 NOV 1 O A				
Fort	Myers F1 City/State and	orî'da 33905 Zip Code	<u> </u>	AM 10: 09				
S-to1 E-mail	Kmoring 101 address: (to be used for	or future annual report noti	fication)					
For further is	nformation concerning	this matter, please call:						
S	eve (0 bulk) Name of Person	at (239) 233 - 8850 Area Code & Daytime Telephon	e Number				
Reg Div P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314	5	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enc	losed is a check for th	e following amount:						
Ģ \$	\$25 Filing Fee							

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. Na	ime of the limited liability company:5.	ork Mo	viny	LLC			
2. (a)	Principal office address of limited liability con (Note: MUST BE STREET ADDRESS	-	(b)	Maili	MOVIAC ng address of lip ote: MAYBEP	nited liability	
	5420 Division DR			5920	Division	1 DR	
		25	C	al mu	15 FI	3390	S
	FOIT MYERS REJIFIER #90X CORRECT NEW/ORDGINGS	10/2021 10/2021	₹	•	178405		
3.	Date of filing/registration in Florida	4	•	Doo	cument numbe	er	
5. (a)	Registered Agent and Registered Office shown on the		lorida Dep	ot, of State:			
	Registered Office Address (MUST BE FLORIDA	STREET ADD	R <i>ESS)</i>				
	8097 Tavier Ct.			 		2022 NOV	
	Napies	, FL3	34119	; 		AON	;;- [
(b)	Steven (oburn Enter name of NEW Registered Agent and/or NEW			<u>-</u>		10 AH 10: 09	
	Steven Coburn NEW Registered Office Address:					90 :	
	5420 Division DR						
	Fort myers	, FL	3390	25			
change agent was/w	imited liability company is not organized und c or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida lere authorized by an affirmative vote of the micles of organization or the operating agreement	ess of the regi limited liabilit nembers of the	stered o ty comp e limited	ffice and the any, it is her I liability co	e business off reby confirme impany or as o	ice of the i	registered change(s)
	Stor Color			Stever	1 (Obul)	Δ	
	nture of a member or authorized representative of a men					_	
I here provis the ob- to mer notifie	by accept the appointment as registered agentions of all statutes relative to the proper and digations of my position as registered agent as ely reflect a change in the registered office and in writing of this change.	it and agree to complete perf s provided för ddress, I herei	e act in to formance in Chap by confi	this capacity of my dutie oter 605, F.S rm that the l	v. I further ages, and I am fo S. Or, if this of limited liabili	gree to con amiliar wit document i ty compan	iply with the h and accept is being filed v has been
<u>_</u> \$_	ti cl 7.	19/2022					
Siman	ire of Registered Agent						