

L19 000193039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

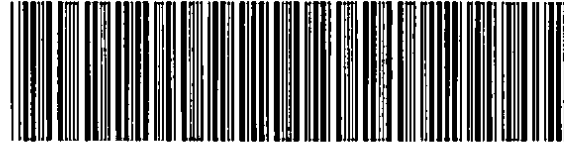
(Business Entity Name)

(Document Number)

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FEB 18 2021

2021 JAN 11 AM 9:30

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Chastain 2845 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:

Stacy Bennett

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

Chastain 2845 LLC

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

PO Box 41603

\_\_\_\_\_  
Address

St Petersburg, FL 33743

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

Stacy@StacyBennett.net

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

For further information concerning this matter, please call:

Stacy Bennett

813 403-6480  
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

**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.*

Name of the limited liability company: Chastain 2845 LLC

(a) Principal office address of limited liability company:  
*(Note: **MUST BE STREET ADDRESS**)*  
2729 State Road 580  
Clearwater, FL 33761

(b) Mailing address of limited liability company:  
*(Note: **MAY BE POST OFFICE BOX**)*  
PO Box 41603  
St Petersburg, FL 33743

7/29/2019

L19000193039

Date of filing/registration in Florida

4.

Document number

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

Stacy Bennett

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

611 S FT HARRISON AVE

STE 135

CLEARWATER, FL 33756

FL

2021 JAN 11 AM 9:30

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

Stacy Bennett

**NEW** Registered Office Address:

2729 State Road 580

Clearwater

33761

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.

Stacy Bennett  
Signature of a member or authorized representative of a member

Stacy Bennett

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 merely to reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Stacy Bennett  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00