

L19 000 232 354

(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



200356520622

12/18/20--01023--007 **55.00

FILED
2020 DEC 18 AM 7:23
CLERK OF COURT
JANUARY 1, 2021
STATE OF FLORIDA

O SIMMONS

FEB 04 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paula Grant-Gonzalez 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:

Paula Grant-Gonzalez

Name of Person

Paula Grant-Gonzalez LLC

Firm/Company

070 Montgomery Rd Suite 2084

Address

Altamonte Springs, FL 32714

City/State and Zip Code

gg@withpaula.realtor

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

For further information concerning this matter, please call:

Paula Grant-Gonzalez

at (407)

640-8670

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: Paula Grant-Gonzalez LLC

(a) _____
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
1070 Montgomery Rd Suite 2084
Altamonte Springs, FL 32714

(b) _____
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
1070 Montgomery Rd Suite 2084
Altamonte Springs, FL 32714

05/15/2020

L19000232354

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:
SHERLOCK BUSINESS SOLUTIONS INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1070 Montgomery Rd Suite 2105

Altamonte Springs, FL 32714

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

Registered Agents Inc

NEW Registered Office Address:

7901 4th Street N. Suite 300

St. Petersburg, FL 33702

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) is/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.

Paula Grant-Gonzalez
Signature of a member or authorized representative of a member

Paula Grant-Gonzalez

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

Bill
Signature of Registered Agent