

**L19000235313**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

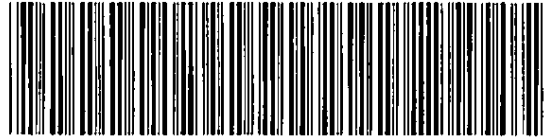
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**JAN 29 2024**

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24 JAN -3 AM 10:58  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Dockworks of North East Florida 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:

Michael Spaniak

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

Dockworks of North East Florida LLC

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

2218 Crabtree Lane

\_\_\_\_\_  
Address

Northbrook, Illinois 60062

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

mspaniak@gmail.com

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

For further information concerning this matter, please call:

Michael Spaniak

312 259-7545  
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.*

1. Name of the limited liability company: Dockworks of North East Florida LLC

2. (a) 417 Stowe Avenue, Suite B (b) 417 Stowe Avenue, Suite B

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Orange Park, Florida 32073

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Orange Park, Florida 32073

09/18/2019

L19000235373

3. Date of filing/registration in Florida

4. Document number

5. (a) Michael A. Vallencourt

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

2729 HOLLY POINT RD.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

East Orange Park, FL 32073

(b) InCorp Services, Inc.

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

3458 Lakeshore Drive

**NEW** Registered Office Address:

Tallahassee, FL 32312

FILED  
24 JAN - 3 APR 11:01  
TALLAHASSEE, FLORIDA

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.

Michael F. Spaniak  
Signature of a member or authorized representative of a member

Michael F. Spaniak

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.*

Joanna Fernandez on behalf of InCorp Services, Inc.

Signature of Registered Agent

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

FILING FEE: \$25.00