

L19 000245961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

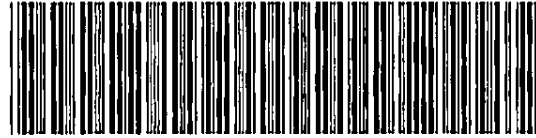
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2021 JUN 29 AM 9:49
TALLAHASSEE, FL

JUL 23 2021
C Kinser



First Corporate
solutions

June 25, 2021

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

Dear Filing Department,

Enclosed herewith, please find the below listed Statement of **Change of Registered Office or Registered Agent or Both for Limited Liability Company** and check for filing fees to be filed with your office on a routine basis.

RE: 508 MILWAUKEE AVENUE LLC

Should you have any questions or concerns, please do not hesitate to contact me at (844) 392-7588 for via email at raservices@ficoso.com.

Sincerely,

Brandon Sjelin
Registered Agent Specialist
(844) 392-7588
raservices@ficoso.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 508 MILWAUKEE AVENUE 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:

Brandon Sjelin

Name of Person

First Corporate Solutions, Inc.

Firm/Company

12631 Imperial Highway F-106

Address

Santa Fe Springs, CA 90670

City/State and Zip Code

raservices@ficoso.com

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

For further information concerning this matter, please call:

Brandon Sjelin

844

392-7588

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 605.011-4 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: 508 MILWAUKEE AVENUE LLC
2. (a) 1639 CALMING WATER DRIVER
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
FLEMING ISLAND, FL 32003
- (b) 1639 CALMING WATER DRIVE
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
FLEMING ISLAND, FL 32003
3. 10/10/2019 Date of filing/registration in Florida
4. L19000245961 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
FIRST CORPORATE SOLUTIONS, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

155 OFFICE PLAZA DRIVE

TALLAHASSEE, FL 32301

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

FIRST CORPORATE SOLUTIONS, INC.

NEW Registered Office Address:

155 OFFICE PLAZA DRIVE

TALLAHASSEE, FL 32301

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 a member or authorized representative of a member

Darin Scales
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.

Signature of Registered Agent