

h19 000 258 242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

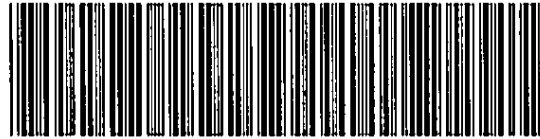
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2021 SEP 14 AM 11:26

SECRETARY OF STATE
TALLAHASSEE, FL 323

09/17/2021
JH



RECEIVED

2021 SEP 14 PM 12:06

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 4, 2021

MICHEL SEXTON
205 WORTH AVENUE
SUITE 201P
PALM BEACH, FL 33480 US

SUBJECT: SAFE LIST REALTY, LLC
Ref. Number: L19000258242

We have received your document . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 121A00018442

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Safe List Realty, 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:

Michel Sexton

Name of Person

Safe List Realty, LLC

Firm/Company

205 Worth Avenue, Suite 201P

Address

Palm Beach, FL. 33480

City/State and Zip Code

Mike@frontiertitlegroup.com

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

For further information concerning this matter, please call:

Michael T. Sexton

727

560-4574

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: Safe List Realty, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

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

205 Worth Avenue, Suite 201P

Palm Beach, FL 33480

Mailing address of limited liability company:

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

205 Worth Avenue, Suite 201P

Palm Beach, FL 33480

10/14/2019

L19000258242

3. Date of filing/registration in Florida

4. Document number

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

Michael Sexton

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

477 Commerce Way, Suite 103

Longwood FL 32750

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

NEW Registered Office Address:

205 Worth Avenue, Suite 201P

Palm Beach FL 33480

FILED
2021 SEP 14 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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]
Signature of a member or authorized representative of a member

Michael Sexton
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]
Signature of Registered Agent