

L19 000 269065

(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



700346094237

06/12/20--01005--009 \*\*25.00

2020 JUN 12 PM 2:57

R D / chg

JUL 01 2020

I ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

INDIGO TRUST, LLC

**SUBJECT:** \_\_\_\_\_  
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:

Marcy Wilson

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

INDIGO TRUST, LLC

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

771 TEABERRY TRAIL

\_\_\_\_\_  
Address

Polk City, FL 33868

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

MARCYWILSONFL@GMAIL.COM

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

For further information concerning this matter, please call:

MARCY WILSON

813

477-4667

\_\_\_\_\_  
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

*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: 771 TEABERRY TRI., Polk City, FL 33868 771 TEABERRY TRI., Polk City, FL 33868

2. (a) _____ Principal office address of limited liability company: <u>(Note: <b>MUST BE STREET ADDRESS</b>)</u> 771 TEABERRY TRI. _____ Polk City, FL 33868	(b) _____ Mailing address of limited liability company: <u>(Note: <b>MAY BE POST OFFICE BOX</b>)</u> 771 TEABERRY TRI. _____ Polk City, FL 33868
---	---

L19000269065

3.	Date of filing/registration in Florida WILSON, MARCY	4.	Document number
----	---	----	-----------------

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
3124 W. KNIGHTS AVE, TAMPA, FL 33611

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
3124 W. KNIGHTS AVE

TAMPA 33611  
FL

WILSON, MARCY

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

771 Teaberry Trail, Polk City, FL 33868

**NEW** Registered Office Address:  
771 TEABERRY TRL.

POLK CITY 33868  
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.

Signature of a member or authorized representative of a member

Marcy Wilson

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

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314**  
**FILING FEE: \$25.00**

2020.5.31.12 PM 2:51