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## COVER LETTER

TO: **Registration Section Division of Corporations** 

Southeastern Strategies UC Name of Limited Liability Company SUBJECT:

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:

Rachael Hurley Name of Person

Firm/Company

Summerlin Commons Blvd. # 395 Address 5237

Fort Myurs, FL 33907 City/State and Zip Code

rschaafe land slyde. digital E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachael	Hurley	at (239	170-1735
Name of	Person J		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



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 21, 2022

RACHAEL HURLEY 5237 SUMMERLIN COMMONS BLVD. #395 FORT MYERS, FL 33907

SUBJECT: SOUTHEASTERN STRATEGIES LLC Ref. Number: L19000281139

We have received your document for SOUTHEASTERN STRATEGIES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 922A00028586

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## 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.

I. Na	me of the limited liability company: Southeastern Strategies	uc				
2. (a) _	(b)	tulling uddance of t				
	Principal office address of limited liability company: Mailing address of limited liability company:   (Note: MUST BE STREET ADDRESS) (Note: MAY BE PO)					
	5237 Summerlin Commons Blvd. #395					
	Fort Myers, FL 33907		····-=		11	
	4130/2021	00 28 13	9			
3.		Document num				
5. (a)	Ashley Shaw					
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	5237 Summertin Commons Blvd. #395					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	Fort myers FL 33907		ند المحرم المحرم	2023		
(b)	Rachad Hurley		กับบ้ายกรรม สาย	21 NAL 5201	Ţ,	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :		50	2		
	5237 Summerlin Commons Blvd. #395			PH 1:0		
	<u>NEW</u> Registered Office Address:			<b>7</b> 0		
	Fort myers FL 33907					
			_		_	
change agent w was/we	mited liability company is not organized under the laws of the State of Flor or changes are made, the Florida street address of the registered office and vill be identical. Or, in the case of a Florida limited liability company, it is h re authorized by an affirmative vote of the members of the limited liability	the business of hereby confirm company or as	ffice of the red that the	register change	red :(s)	
	cles of organization or the operating agreement of the limited liability comp 12 - 4 $12 - 4$		1			
Signat	Red & My Rad	hall Hur Printed or typed na	ame of signee			
I hereb	by accept the appointment as registered agent and agree to act in this capac ons of all statutes relative to the proper and complete performance of my du	city. I further a	eree to cor	nolv wi	th the accept	

Thereby 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.

m Roll ٤ Signature of Registered Agent

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