

L20000010401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

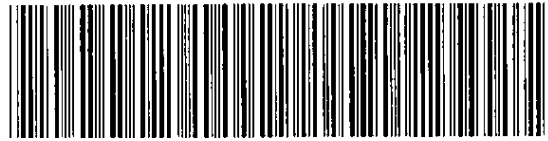
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** DATE Holdings LLC  
Name of Corporation

**DOCUMENT NUMBER:** L20000010401

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ann E Osborne

Name of Contact Person

DATE Holdings LLC

Firm/Company

4578 Arboretum Cir, Unit 103

Address

Naples, FL 34112

City/State and Zip Code

aeo@fuc-corp.com

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

For further information concerning this matter, please call:

Ann E Osborne

Name of Contact Person

at ( 732 )

789-6425

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DATE HOLDINGS 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:

Ann E Osborne

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

DATE HOLDINGS LLC

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

4578 Arboretum Cir, Unit 103

\_\_\_\_\_  
Address

Naples, FL 34112

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

aeo@fuc-corp.com

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

For further information concerning this matter, please call:

Ann E Osborne

732

789-6425

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: DATE HOLDINGS LLC

2. (a) 4578 Arboretum Cir, Unit 103 (b) \_\_\_\_\_

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

Naples, FL 34112

01/03/2020

L20000010401

3. Date of filing/registration in Florida

4. Document number

5. (a) Ann E Osborne

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

3461 Lakeview Dr

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Naples, FL 34112

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

4578 Arboretum Cir, Unit 103

**NEW** Registered Office Address:

Naples, FL 34112

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.

Ann E Osborne

Ann E Osborne, AMBR

Signature of a member or authorized representative of a member

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.*

Ann E Osborne

Signature of Registered Agent

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