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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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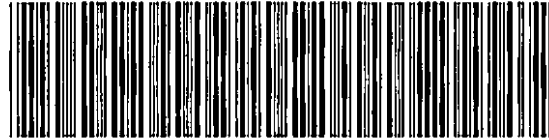
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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AUTO ACCIDENT ATTORNEY, PLLC

Mailing Address:

8805 Tamiami Trail North, Box 364
Naples, FL 34108
Phone: 239-298-8375
Fax: 239-298-8399
Website: autoaccidentattorneysnaplesfl.com



Physical Address:

5405 Park Central Court
Naples, FL 34109
Richard M. Treiser, Esq.
Direct: 239-298-8395
Email: rtreiser@naplesautoattorney.com

October 9, 2020

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

Re: Registered Agent Address Change and Fictitious Name Ownership Changes
Total Filing Fees: \$265.00

Dear Sir or Madam:

Enclosed please find the following:

- 1) Statement of Change of Registered Office for Auto Accident Attorney, PLLC (with \$25.00 filing Fee);
- 2) Fictitious Name Transfer-Application of Registration of Fictitious Name: Auto Accident Attorneys of SW Florida (with \$60 fee for filing and certificate of status);
- 3) Fictitious Name Transfer-Application of Registration of Fictitious Name: Auto Accident Attorneys of Naples (with \$60 fee for filing and certificate of status);
- 4) Fictitious Name Transfer-Application of Registration of Fictitious Name: Auto Accident Attorneys of Naples, Florida (with \$60 fee for filing and certificate of status); and
- 5) Fictitious Name Transfer-Application of Registration of Fictitious Name: Abogados De Accidentes De Autos De Naples, Florida (with \$60 fee for filing and certificate of status).

Also enclosed is our check for \$265.00 for all fees and certificates of status listed above.

AUTO ACCIDENT ATTORNEY, PLLC

Richard M. Treiser, Esq.

rtreiser@naplesautoattorney.com

239-298-8375

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AUTO ACCIDENT ATTORNEY, PLLC

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:

Richard M. Treiser

Name of Person

Auto Accident Attorney, PLLC

Firm/Company

805 Tamiami Trail North, Box 364

Address

Naples, FL 34108

City/State and Zip Code

rtreiser@naplesautoattorney.com

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

If further information concerning this matter, please call:

Richard M. Treiser

at (239)

298-8375

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: AUTO ACCIDENT ATTORNEY, PLLC

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 5405 Park Central Court, Naples, FL 34109 (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 8805 Tamiami Trail North, Box 364 Naples, FL 34108

3. Date of filing/registration in Florida 01/06/2020 4. Document number L20000011583

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 3080 Tamiami Trail N. Naples, FL 34112

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

Same as before: Richard M. Treiser NEW Registered Office Address: 5405 Park Central Court Naples, FL 34109

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he 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 Richard M. Treiser Printed or typed name of signer

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 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