

L20000024299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

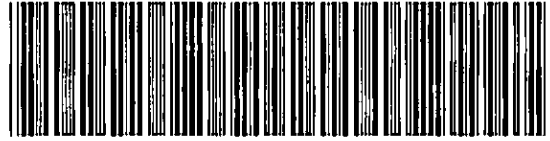
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PLANCHERIEVENTS, LLC

Name of Corporation

DOCUMENT NUMBER: L20000024299

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:

ALEX LUBIN

Name of Contact Person

REDEMPTION ACCOUNTING PROFESSIONAL INC

Firm/Company

5251 GOLDEN GATE PKWY SUITE G

Address

NAPLES, FL 34116

City/State and Zip Code

alex.hubin@outlook.com

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

For further information concerning this matter, please call:

ALEX LUBIN

Name of Contact Person

at (239) 8213547

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

**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: PLANCHERI EVENTS, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

5302 TEXAS AVE NAPLES, FL 34113

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

5302 TEXAS AVE NAPLES, FL 34113

01/16/2020

L20000024299

3. Date of filing/registration in Florida

4. Document number

5. (a) ALEXIS, GINA P

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

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

5302 TEXAS AVE

NAPLES, FL 34113

(b) REDEMPTION ACCOUNTING PROFESSIONAL INC

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

5251 GOLDEN GATE PKWY SUITE G

NAPLES, FL 34116

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.

ALEXIS, GINA P

Printed or typed name of signee

Signature of a member or authorized representative of a member

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