

L20 000059874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

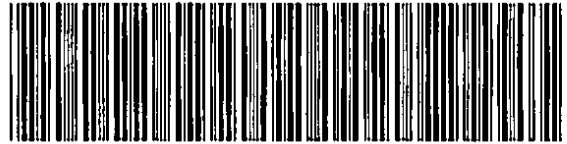
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500341593225

03/09/20--01027--030 **25.00

FILED
MAR 10 2020
CUSHING
2020-03-10 PM 12:42

RA Change

MAR 26 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Old Grapes Plateau
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:

Robert Evans
Name of Person

Old Grapes Plateau
Firm/Company

2598 east sunrise blvd
Address

Fort lauderdale FL 33304 suite 2104
City/State and Zip Code

Gosuccess11@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Evans at 305, 731-1823
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: Old Grapes plateau

2. (a) 259 Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) _____ Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

_____ 2598 east sunrise Blvd
_____ Fort lauderdale Florida 33304
_____ Suite 2104
_____ L20000654874

3. February 24 2020 Date of filing/registration in Florida 4. _____ Document number

5. (a) United states Corporation Agent's inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5575 semarom Blvd
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

_____ orlando _____, FL 32822

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

NEW Registered Office Address:
2598 est Sunrise Blvd
Fort lauderdale _____, FL 33304

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.

Robert S Evans
Signature of a member or authorized representative of a member

Robert S Evans
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 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.

Robert S Evans
Signature of Registered Agent