

(VU)

L20 0000 L6345

(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



000439127810

FILED
2024 NOV -6 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Campbell Family Legacy 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:

Alexander G. Campbell, III

Name of Person

A. G. Campbell Advisory, LLC.

Firm/Company

654 Bridgeway Lane

Address

Naples, FL 34108

City/State and Zip Code

zandy@agcadvisory.com

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

For further information concerning this matter, please call:

Alexander G. Campbell, III

410

952-5288

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



October 31, 2024

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

VIA CERTIFIED MAIL

Re: **Campbell Family Legacy, LLC**

To Whom it may concern:

I am enclosing the following documents to initiate the change of the Registered Agent for Campbell Family Legacy, LLC.

1. Cover letter to Registration Section Division of Corporations.
2. Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company.
3. Check for \$25.00 made payable to the Division of Corporations.

If you have any questions or concerns, please feel free to contact me.

Sincerely,

Felicia Magidoff
Enclosures

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: Campbell Family Legacy LLC

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

654 Bridgeway Lane

Naples, FL 34108

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

654 Bridgeway Lane

Naples, FL 34108

02/28/2020

L20000066345

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Anja Stieber

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1225 S. Ocean Boulevard, Apt 1103

Delray Beach, FL 33483

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

Alexander G. Campbell, III

NEW Registered Office Address:

654 Bridgeway Lane

Naples, FL 34108

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.

Alexander G. Campbell, III
Signature of a member or authorized representative of a member

Alexander G. Campbell, III

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.

Alexander G. Campbell, III
Signature of Registered Agent

FILED
2024 NOV - 6 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FL