

L20 000087370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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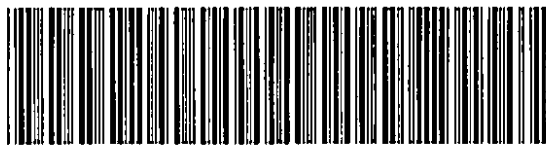
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

PHOEBE ENTERPRISES I, LLC

SUBJECT: _____
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and (fees) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rebeka L. Martin, Esq.

Name of Person

Martin Law Practice, PLLC

Firm/Company

12574 Hagler Center Boulevard, Suite 101

Address

Jacksonville, Florida 32258

City/State and Zip Code

rmartin@martinlawpractice.com

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

For further information concerning this matter, please call:

Rebeka L. Martin

904

599 8222

Name of Person

at

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 605.0111 and 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.

PHOEBE ENTERPRISES LLC

1. Name of the limited liability company: _____

2. (a) _____ (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)

10061 Jolynn Road

10061 Jolynn Road

Jacksonville, Florida 32225

Jacksonville, Florida 32225

03-24-2020

120000087370

3. _____ 4. _____

Date of filing registration in Florida

Document number

5. (a) _____

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

10061 Jolynn Road

Jacksonville

32225

FL

(b) _____

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

Martin Law Practice

NEW Registered Office Address

12574 Hagler Center Boulevard, Suite 101

Jacksonville

32258

FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change of 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.

Phoebe Kaltenbach
Signature of a member or authorized representative of a member

Phoebe Kaltenbach

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.

Phoebe L. Martin
Signature of Registered Agent

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

FILING FEE: \$25.00

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2020 NOV 20 PM 3:15
TALLAHASSEE, FL
DIVISION OF STATE