

L20 0000 96679

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

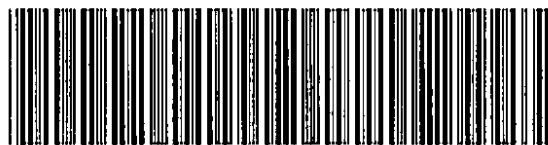
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600346843446

06/25/20--01017--01' ++25.00

S TAIL F
AUG 12

2020 JUN 25 PM 5:10

RIA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mask-Mart, 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:

Judy Mravle

Name of Person

Mask-Mart, LLC

Firm/Company

12248 Gracie Lane

Address

Spanish Fort, AL 36527

City/State and Zip Code

judy@mask-mart.com

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

For further information concerning this matter, please call:

Judy Mravle

815

919-7704

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

**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: Mask-Mart, LLC
2. (a) 13046 Racetrack Road
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Suite 146
Tampa, FL 33626
- (b) 13046 Racetrack Road
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Suite 146
Tampa, FL 33626
3. 04/06/2020
Date of filing/registration in Florida
4. L2000009679
Document number
5. (a) Smith, Arthur L.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2210 Myrtle Vista Ct
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Sun City Center, FL 33573
- (b) Nicole Beech
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
14016 Arbor Knoll Circle
NEW Registered Office Address:
Tampa, FL 33625

2020 JUN 25 PM 5:10

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.

Judy Mravle

Printed or typed name of signee

[Signature]
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]
Signature of Registered Agent