

L20 000109625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

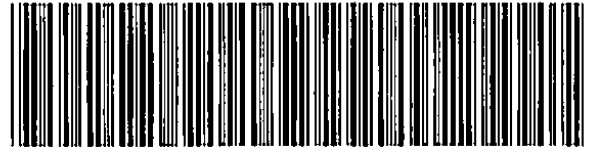
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900372671859

09/02/21--01010--000 **25.00

SECRETARY OF STATE
TALLAHASSEE, FL

2021 SEP -2 AM 9:38

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 17MOUTHS, 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:

Zachary A. Kozak

Name of Person

FoundryWorks, Inc.

Firm/Company

318 Varick Street

Address

Jersey City, New Jersey 07302

City/State and Zip Code

zk@foundryworks.com

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

For further information concerning this matter, please call:

Zachary A. Kozak

203 246-6919
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
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

1. Name of the limited liability company: 17MOUTHS, LLC

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

3535 Anchorage Way

Coconut Grove, FL 33133

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

3535 Anchorage Way

Coconut Grove, FL 33133

4/22/2020

L20000109625

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:
Douglas P. Teitelbaum

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

3560 Stewart Avenue

Miami, FL 33133

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

Sean Goodrich

NEW Registered Office Address:

3535 Anchorage Way

Coconut Grove, FL 33133

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

Sam M. [Signature]
Signature of a member or authorized representative of a member

SEAN GOODRICH
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 the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has notified in writing of this change.

[Signature]
Signature of Registered Agent

FILED
2021 SEP -2 AM 9:38
SECRETARY OF STATE
TALLAHASSEE, FL