

LZ0000143363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

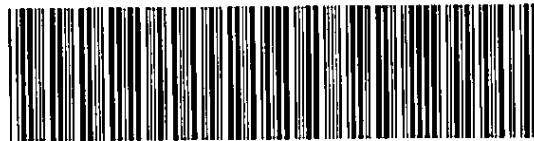
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/17/20--01008--011 \*\*25.00

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2020 SEP 17 AM 9:01

CLERK OF STATE  
TALLAHASSEE, FL

JQ 10/22/20

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

UNFILTERED SURF LLC

**SUBJECT:** \_\_\_\_\_  
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:

ASHLEY REITANO

\_\_\_\_\_  
Name of Person

UNFILTERED SURF LLC

\_\_\_\_\_  
Firm/Company

609 MANGO DRIVE

\_\_\_\_\_  
Address

MELBOURNE BEACH FLORIDA 32951

\_\_\_\_\_  
City/State and Zip Code

UNFILTEREDSURF@GMAIL.COM

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

For further information concerning this matter, please call:

ASHLEY REITANO

585

8312483

\_\_\_\_\_  
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 605.0114 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.*

UNFILTERED SURF LLC

1. Name of the limited liability company: ASHLEY REITANO

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)  
609 MANGO DRIVE  
MELBOURNE BEACH FL 32951  
05/27/2020

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)  
200 N PALM AVE P.O. BOX 33022  
INDIALANTIC FLORIDA 32903  
L20000143363

3. Date of filing/registration in Florida 4. Document number

ASHLEY REITANO

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
400 STAN DRIVE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
UNIT 1

MELBOURNE 32904  
, FL

ASHLEY REITANO

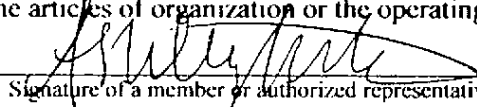
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

609 MANGO DRIVE

NEW Registered Office Address:

MELBOURNE BEACH 32951  
, FL

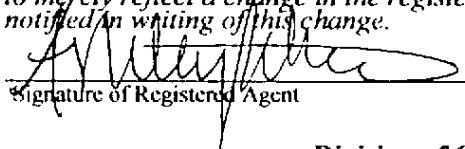
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.

  
Signature of a member or authorized representative of a member

Ashley Reitano

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.*

  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

FILED  
2020 SEP 17 AM 9:01  
TALLAHASSEE, FL  
CLERK OF STATE