

5/11/22, 3:45 PM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L20000214774**

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(((H22000169618 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ALLEY, MAASS, ROGERS & LINDSAY, P.A. - STUART
Account Number : I20190000118
Phone : (772)287-4404
Fax Number : (772)287-4044

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: CARY@THEBIGTV.COM**LLC REGISTERED AGENT CHANGE
ASHBY UNLIMITED LLC**

Certificate of Status	0
Certified Copy	1
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2022 MAY 12 AM 7:57

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ASHBY UNLIMITED 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:

CARY LUSKIN

Name of Person

Firm/Company

3050 CHATEAU LANE

Address

PALM BEACH, FL 33410

City/State and Zip Code

CARY@THEBIGTV.COM

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

For further information concerning this matter, please call:

PAM COWHAM

772 287-4404
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

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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: ASHBY UNLIMITED LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

3050 CHATEAU LANE

PALM BEACH, FL 33410

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

3050 CHATEAU LANE

PALM BEACH, FL 33410

07/27/2020

L20000214774

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:

CAROL S. WAXLER

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1331 SE OCEAN BLVD.

STUART, FL 34996

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

DAVID R. MAASS

NEW Registered Office Address:

340 ROYAL POINCIANA WAY, SUITE 321

PALM BEACH, FL 33480

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.

CARY LUSKIN

Signature of a member or authorized representative of a member

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.

Signature of Registered Agent

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