

L20000223377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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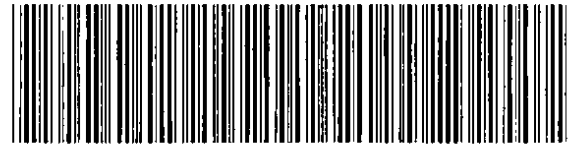
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Antique Coins of the Realm, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Susan Kamen-Law
Name of Person

Antique Coins of the Realm, LLC
Firm/Company

2921 St James Ln
Address

Mt Cobb, FL 32935
City/State and Zip Code

Bucsalien52@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Kamen-Law at (321) 213-1355
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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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: Art Piece Cains of the Realm, LLC

2. (a) 2921 ST James Ln

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

McL Borne, FL 32935

(b) 2921 ST James Lane

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

McL Borne, FL 32935

3. 28 July 2020
Date of filing/registration in Florida

4. L20000223377
Document number

5. (a) John Marshall
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1161 Waterway Dr
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

McL, FLA 32976
_____, FL _____

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

2921 ST JAMES Lane
NEW Registered Office Address:

McL Borne, FL 32935

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]
Signature of a member or authorized representative of a member

John Marshall
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.

x Susan Kemon-Low
Signature of Registered Agent

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TALLAHASSEE, FL