

120 000223681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

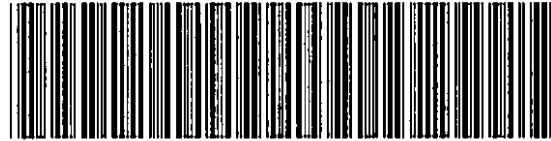
(Business Entity Name)

(Document Number)

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2021 JUL 26 PM 2:58
CLERK OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2021 AUG 26 AM 11:13

July 27, 2021

IMPRES SOCIAL LLC
4319 SWIFT CIRCLE
VALRICO, FL 33596

SUBJECT: IMPRES SOCIAL LLC
Ref. Number: L20000223681

We have received your document for IMPRES SOCIAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 921A00017565

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Impres Social 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:

Dean Mahmoud

Name of Person

Impres Social

Firm/Company

4319 Swift Circle

Address

Valrico/FL 33596

City/State and Zip Code

dean@IMPRESSocial.com

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

For further information concerning this matter, please call:

Dean Mahmoud

856 217 - 3188
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

INHS18 (2/14)

↑
previously sent, see attached.

**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: Impres Social LLC
2. (a) 4319 Swift Circle
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Valrico, FL
33596
- (b) 4319 Swift Circle
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Valrico, FL
33596
3. July 28, 2020 Date of filing/registration in Florida
4. L20000223681 Document number
5. (a) United States Corporation Agents, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5575 S. Semoran Blvd
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
36
Orlando, FL 32822
- (b) Dean Mahmoud
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
4319 Swift Circle
NEW Registered Office Address:
Valrico, FL 33596

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CLERK OF STATE
TALLAHASSEE, 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.

Dean Mahmoud
Signature of a member or authorized representative of a member

Dean Mahmoud
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.

Dean Mahmoud
Signature of Registered Agent