

L20 000246795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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2020 NOV 18 PM 3:06
CLERK OF STATE
TALLAHASSEE, FL

10/12/28

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: My 2nd Time Around, 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:

Becky Tebben

Name of Person

My 2nd Time Around LLC

Firm/Company

5038 Ruby Flats Dr.

Address

Wimauma, FL 33598

City/State and Zip Code

2ndtimearound.auctions50@gmail.com

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

For further information concerning this matter, please call:

Becky Tebben

949

293-4483

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)

*I think its ridiculous that you charge me \$25.00
Just because I moved, same person, just new
address. I'm not a business, I'm a person.*

**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: My 2nd Time Around, LLC

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

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

1801 8th Ave. West

5038 Ruby Flats Dr.

Palmetto, FL 34221

Wimauma, FL 33598

08/13/2020

L20000546795

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:
Becky Tebben

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

640 Challice Dr

Spring Hill, FL 34609

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

NEW Registered Office Address:

5038 Ruby Flats Dr.

Wimauma, FL 33598

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.

Becky Tebben
Signature of a member or authorized representative of a member

Becky Tebben

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.

Becky Tebben
Signature of Registered Agent

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

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