

120 000 298655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

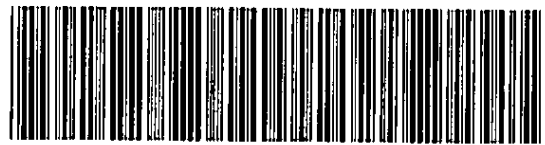
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pro Client Ventures 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:

Alexander Werninck

Name of Person

Pro Client Ventures LLC

Firm/Company

1111 E Sunrise Blvd, Unit 3-807

Address

Ft. Lauderdale, FL 33304

City/State and Zip Code

wernincka@gmail.com

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

For further information concerning this matter, please call:

Alexander Werninck

904

826-6206

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

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: Pro Client Ventures LLC

2. (a) Pro Client Ventures LLC (b) Pro Client Ventures LLC

Principal office address of limited liability company:

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

1111 E Sunrise Blvd Unit 3-807

Ft. Lauderdale, FL 33304

Mailing address of limited liability company:

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

1111 E Sunrise Blvd Unit 3-807

Ft. Lauderdale, FL 33304

09/22/2020

L20000298655

3. Date of filing/registration in Florida

4. Document number

5. (a) NORTHWEST REGISTERED AGENT LLC 7901 4TH ST N STE 300 St. Petersburg, FL 33702

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

NORTHWEST REGISTERED AGENT LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7901 4TH ST N STE 300

ST. PETERSBURG, FL 33702

(b) Alexander Werninck 1111 E Sunrise Blvd Unit 3-807 Ft. Lauderdale, FL 33304

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

Alexander Werninck

NEW Registered Office Address:

1111 E Sunrise Blvd Unit 3-807

Ft. Lauderdale, FL 33304

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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.

Alexander Werninck

Signature of a member or authorized representative of a member

Alexander Werninck

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.

Alexander Werninck

Signature of Registered Agent