

120000340324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Samantha Council Enterprises 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:

Samantha Council

Name of Person

Samantha Council Enterprises LLC

Firm/Company

(new) 4781 N. Congress Ave, Suite 1157

Address

Boynton Beach, Florida 33444

City/State and Zip Code

samanthacouncil696@gmail.com

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

For further information concerning this matter, please call:

Samantha Council

561

739-0558

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: Samantha Council Enterprises LLC

2. (a) 10150 Highland Lane (b) 320 SW 10th Ave

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

200 Tampa, Florida US 33610

(b) 320 SW 10th Ave

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Delray Beach, Florida 33444

10/20/2020

L20000340324

3. Date of filing/registration in Florida

4. Document number

5. (a) Samantha Council

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

10150 Highland Lane

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

200 Tampa, Florida US 33610

Fl.

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

N/A

NEW Registered Office Address:

4781 N. Congress Ave, Suite 1157

Boynton Beach, FL 33426

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.

Saamantha Council

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