

L20 000 342 888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

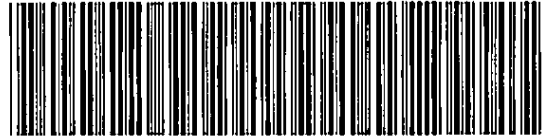
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2021 SEP 23 AM 8:15

FILED



2021 SEP 23 PM 4:36

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2021

STEPHAN SCHENK
1775 WASHINGTON AVE
APT 4-E
MIAMI BEACH, FL 33139

SUBJECT: JULIEDOO LLC
Ref. Number: L20000342888

We have received your document for JULIEDOO 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 registered agent must sign accepting the designation.

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.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 121A00021720

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JULIEDOO 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:

Stephan W. Schenk, Esq.

Name of Person

MANOS-SCHENK PL.

Firm/Company

1775 Washington Avenue, Apt 4-E

Address

Miami Beach, Fl. 33139

City/State and Zip Code

sws@msworldlaw.com

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

For further information concerning this matter, please call:

Stephan W. Schenk, Esq.

305

332-8227

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: JULIEDOO LLC

2. (a) _____ Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>9160 Forum Corporate Pkwy, Suite 350</u> <u>Fort Myers, FL 33905</u> <u>10/28/2020</u>	(b) _____ Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>same as principal office address</u> <u>1.20000342888</u>
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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:
ALTON NORTH AMERICA INC

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
444 BRICKELL AVENUE
MIAMI, FL 33131

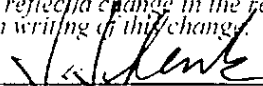
(b) MANOS - SCHENK PL
Enter name of NEW Registered Agent and/or NEW Registered Office address:
MANOS - SCHENK PL
NEW Registered Office Address
1 ALHAMBRA PLAZA, PENTHOUSE
CORAL GABLES, FL 33134

FILED
2021 SEP 23 AM 8:15
SECRETARY 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.

X <u></u> Signature of a member or authorized representative of a member	<u>YVONNE GABRIEL</u> Printed or typed name of signee
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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