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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

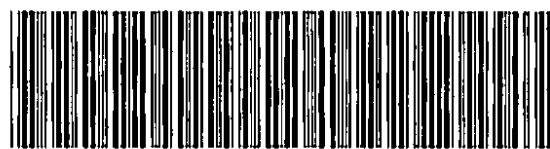
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FEB 17 2021
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EZRA ALEXANDER AND COMPANY, 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:

DARRIN C. MILLER
Name of Person

EZRA ALEXANDER AND COMPANY, LLC
Firm/Company

4108 WOODSIDE MANOR DRIVE
Address

TAMPA, FLORIDA 33624
City/State and Zip Code

DARRINM8840@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DARRIN C. MILLER at (813) 493-0003
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 JAN - 11 2:16

January 15, 2021

DARRIN C. MILLER
4108 WOODSIDE MANOR DR
TAMPA, FL 33624

SUBJECT: EZRA ALEXANDER AND COMPANY LLC
Ref. Number: L20000352313

We have received your document for EZRA ALEXANDER AND COMPANY LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 721A00001082

**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: ERRA ALEXANDER AND COMPANY, LLC

2. (a) 4108 WOODSIDE MANOR DRIVE (b) 4108 WOODSIDE MANOR DRIVE
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

TAMPA, FL 33624

TAMPA, FL 33624

3. 11/6/2020
Date of filing/registration in Florida

4. 120000352313
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, STE 300
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ORLANDO, FL 32832

(b) DARRIN C. MILLER
Enter name of NEW Registered Agent and/or NEW Registered Office address:

4108 WOODSIDE MANOR DRIVE
NEW Registered Office Address:

TAMPA, FL 33624

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.

[Signature]
Signature of a member or authorized representative of a member

DARRIN MILLER
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]
Signature of Registered Agent