

120 000 360915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

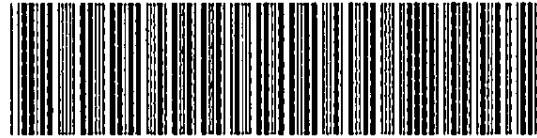
(Business Entity Name)

(Document Number)

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ALBRITTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Signatory Notary Service  
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:

Gregory Labastille  
Name of Person

Signatory Notary Service  
Firm/Company

1612 Strathmore Circle  
Address

Mount Dora, FL 32757  
City/State and Zip Code

greglabastille@signatorynotaryservice.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregory Labastille at ( 352 ) 642-9695  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 21, 2021

BILL HARVE  
REGISTERED AGENTS INC.  
7901 4TH ST N - STE. 300  
ST. PETERSBURG, FL 33702

SUBJECT: SIGNATORY NOTARY SERVICE LLC  
Ref. Number: L20000360915

We have received your document for SIGNATORY NOTARY SERVICE 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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 821A00001365

**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: Signatory Notary Service LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

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

6551 N. Orange Blossom Trail Ste 209 #1002

Mount Dora, FL 32757

Mailing address of limited liability company:

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

6551 N. Orange Blossom Trail Ste 209 #1002

Mount Dora, FL 32757

11/16/20

L20000360915

3. Date of filing/registration in Florida

4. Document number

5. (a) Gregory Labastille

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

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

1612 Strathmore Circle

Mount Dora, FL 32757

(b) Registered Agents Inc.

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

7901 4th St N

**NEW Registered Office Address:**

STE 300

St. Petersburg, FL 33702

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.

Gregory Labastille  
Signature of a member or authorized representative of a member

Gregory Labastille

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.*

Bill Havre  
Signature of Registered Agent

Bill Havre - Assistant Secretary