

L200000361235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

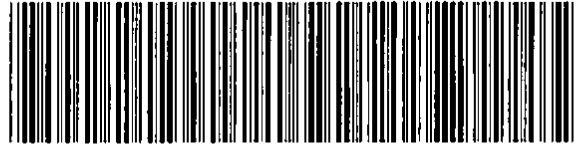
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT
DIVISION OF COOPERATION

SEP 1 2023

R. HUNT

09/01/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Move from Center
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:

Heidi Rocke

Name of Person

Move from Center

Firm/Company

3431 SE Kuhn Ave

Address

Stuart FL 34997

City/State and Zip Code

elephantpwr@gmail.com

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

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Division of Corporations

For further information concerning this matter, please call:

Heidi Rocke

Name of Person

at (772) 249 9451

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: Move from Center

2. (a) 3431 SE Kubin Ave (b) _____

Principal office address of limited liability company:

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

Stuart FL 34997

Mailing address of limited liability company:

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

111 S Buckhorn Rd
Greenville SC 29609

3. 11/16/2020 4. L20000361235
Date of filing/registration in Florida Document number

5. (a) Heidi Roche
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

821 SE Stafford Dr
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Stuart FL 34996
_____, FL _____

(b) Jon Zwicky
Enter name of NEW Registered Agent and/or NEW Registered Office address:

3431 SE Kubin Ave
NEW Registered Office Address:

Stuart FL 34997
_____, FL _____

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

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.

Heidi Roche
Signature of a member or authorized representative of a member

Heidi Roche
Printed or typed name of signer

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.

Jonathan Zwicky
Signature of Registered Agent