

h20000379461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

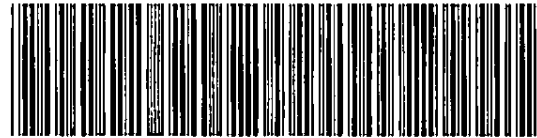
(Business Entity Name)

(Document Number)

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JAN 31 2022  
ALBRITTON

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FL MULTI UNIT CAPITAL SOLUTIONS 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:

WILLIAM G. PAST  
Name of Person

FL MULTI UNIT CAPITAL SOLUTIONS LLC  
Firm/Company

23212 SMLINAY WAY  
Address

BONITA SPRINGS, FL 34135  
City/State and Zip Code

WPAST2@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM G. PAST at (847) 404-6159  
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

December 21, 2021

WILLIAM G. PABST  
23212 SALINAS WAY  
BONITA SPRINGS, FL 34135

SUBJECT: FL MULTI UNIT CAPITAL SOLUTIONS LLC  
Ref. Number: L20000379461

We have received your document for FL MULTI UNIT CAPITAL SOLUTIONS 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 III

Letter Number: 321A00030821

RECEIVED

2022 JAN 18 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FL

**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: FL MULTI UNIT CAPITAL SOLUTIONS LLC

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

23212 SALINAS WAY  
BONITA SPRINGS, FL 34135

~~(SAME)~~

12/4/2020

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3. \_\_\_\_\_  
Date of filing/registration in Florida

4. \_\_\_\_\_  
Document number

5. (a) CHEYONNE MOSELY, UNITED STATES COLLOCATE AGENTS, INC.

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

5575 S. SEMINOL BLVD. SUITE 36  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ORLANDO, FL 32822

(b) WILLIAM G. PABST  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

23212 SALINAS WAY  
NEW Registered Office Address: William G. Pabst  
23212 Salinas Way

BONITA SPRINGS, FL 34135

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.

William G. Pabst  
Signature of a member or authorized representative of a member

WILLIAM G. PABST  
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.

William G. Pabst  
Signature of Registered Agent