

h21 0000 19543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

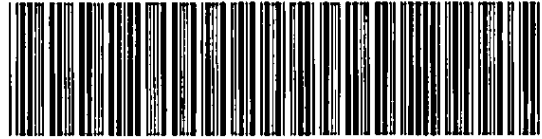
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000369291800

2021 JUL 12 AM 7:17

2021 JUL 12 AM 7:17

JUL 30 2021

C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SVB Properties, 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:

Gabriella Collard

Name of Person

SVB Properties, LLC

Firm/Company

3988 Aldea Way, Wesley Chapel, FL 33543

Address

Wesley Chapel, FL 33543

City/State and Zip Code

gabicollard@hotmail.com

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

For further information concerning this matter, please call:

Gabriella Collard at (610) 999 7630

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

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: SVB Properties, 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)
7901 4th Street N, ste 300 7901 4th Street N, ste 300
St. Petersburg, FL 33702 St. Petersburg, FL 33702

3. 1.6.2021 4. L21000019543
Date of filing/registration in Florida Document number

5. (a) Registered Agents, Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
7901 4th Street N, suite 300
St. Petersburg FL 33702

- (b) Gabriella Collard
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
3988 Aldea Way
Wesley Chapel FL 33543

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

Gabriella Collard
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.

[Signature]
Signature of Registered Agent