

L21 000029230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SEP 14 2022



A LIMITED LIABILITY PARTNERSHIP

1883 W. Royal Hunte Dr Ste. 200
Cedar City, Utah 84720
Phone 435-586-9366
Fax 435-586-9491

Emma Smith, Compliance Specialist
emma.smith@kkoslawyers.com

09/06/2022

Florida Secretary of State
2415 N Monroe Street, Suite 810
Tallahassee, Florida 32303

RE: Change of Registered Agent

Florida Secretary of State

Effective immediately, please file the change of Registered Agent and Registered Office for **Castle Canine Protection, LLC (L21000029230)**. Attached is a check in the amount of \$25 for any filing fees required.

Notice of the change has been approved by the entity.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours,

KYLER KOHLER OSTERMILLER & SORENSEN, LLP

Emma Smith
Compliance Specialist

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Castle Canine Protection, 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:

Emma Smith

Name of Person

KKOS Lawyers

Firm/Company

1883 W Royal Hunte Dr 200

Address

Cedar City, Utah 84720

City/State and Zip Code

emma.smith@kkoslawyers.com

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

For further information concerning this matter, please call:

Emma Smith

at (435) 228-5173

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

**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: Castle Canine Protection, 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)

6296 Trails Of Foxford Ct

6296 Trails Of Foxford Ct

West Palm Beach, FL 33415

West Palm Beach, FL 33415

01/13/2021

1.21000029230

3. Date of filing/registration in Florida

4. Document number

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

Advanced Accounting & Tax Options LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

6685 Forest Hill Blvd Suite 211

Greenacres, FL 33413

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

Registered Agent Solutions, Inc

NEW Registered Office Address:

155 Office Plaza Dr. Suite A

Tallahassee, FL 32301

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.

Ashley Schnitzler

Ashley Schnitzler, Manager

Ashley Schnitzler (Sep 7, 2022 09:17 EDT)

Signature of a member or authorized representative of a member

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 of Registered Agent

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00**