

L21000030427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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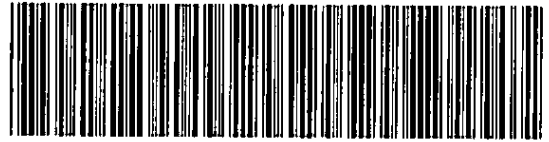
(Business Entity Name)

(Document Number)

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FILED  
MAY 21 2021  
CLERK OF DISTRICT COURT  
FLORIDA  
MAY 21 2021  
MAY 21 2021  
MAY 21 2021

MAY 21 2021

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FISCHER FAMILY HOLDING COMPANY, LIMITED LIABILITY COMPANY  
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:

JOEL FISCHER  
Name of Person

FISCHER FAMILY HOLDING COMPANY, LIMITED LIABILITY (  
Firm/Company

20163 ELEGANTE COURT  
Address

VENICE, FL 34293  
City/State and Zip Code

joelfischer97034@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOEL FISCHER at ( 503 ) 635-8429  
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: FISCHER FAMILY HOLDING COMPANY, LIMITED LIABILITY COMPANY

2. (a) 20163 ELEGANTE COURT

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

VENICE, FL 34293

(b) 20163 ELEGANTE COURT

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

VENICE, FL 34293

01/01/2021

3. Date of filing/registration in Florida

4.

Document number

5. (a) TIM CRAY

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

c/o ROBERTS INSURANCE GROUP, LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

211 S. NOKOMIS AVENUE

VENICE, FL 34285

FILED  
JAN 11 2022 PM 2:43  
TALLAHASSEE, FL  
STATE OF FLORIDA

(b) WAYNE ROBERTS

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

c/o ROBERTS INSURANCE GROUP, LLC

NEW Registered Office Address:

211 S. NOKOMIS AVENUE

VENICE, FL 34285

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.

Joel Fischer

Signature of a member or authorized representative of a member

JOEL FISCHER

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.*

Wayne Roberts

Signature of Registered Agent