

LZ1000043316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

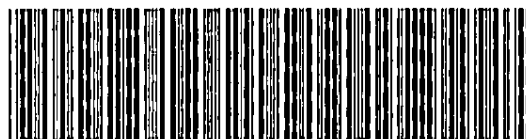
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/02/21--01020--002 **25.00

FILED
2021 APR -2 AM 11:13
TALLAHASSEE, FL
CLERK OF COURT

D BRUCE
MAY 23 2021

COVER LETTER

TO: Registration Section
Division of Corporations

Maple Acre Holdings LLC

SUBJECT: _____
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:

Kymberly Car

Name of Person

Maple Acre Holdings LLC

Firm/Company

9687 SE Sharon St

Address

Hobe Sound, FL 33455

City/State and Zip Code

kymberly.car@gmail.com

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

For further information concerning this matter, please call:

Kymberly Car

561

660-4411

at (_____) _____

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

FILED
2021 APR -2 AM 11:43
TALLAHASSEE, FL
REGISTRATION SECTION

• 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.

Maple Acre Holdings LLC

1. Name of the limited liability company: _____

2. (a) _____ (b) _____

Principal office address of limited liability company:

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

9687 SE Sharon St

Hobe Sound, FL 33455

Mailing address of limited liability company:

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

9687 SE Sharon St

Hobe Sound, FL 33455

01/21/2021

121000043316

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:
David Car

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

9687 SE Sharon St

Hobe Sound 33455
FL

Kymberly Car

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

NEW Registered Office Address:

9687 SE Sharon St

Hobe Sound 33455
FL

→ David Car will remain
as a secondary agent,
or authorized person.

It was always the intent
for Kymberly Car to be
the primary agent for
this LLC.

Thank you.

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 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