

121000082715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

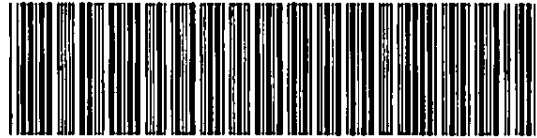
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RA & RO change

02/22/22--01003--010 **35.00

FILED

2022 MAR -7 AM 10:49

CLERK OF COURT
CLERK OF COURT

A. RAMSEY
MAR 08 2022

X00789, 00524, 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 MAR -7 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FL

February 25, 2022

JAMES TRACY
300 NW 36 COURT
BOCA RATON, FL 33431 US

SUBJECT: VIRGO POTENS, LLC
Ref. Number: L21000082715

We have received your document for VIRGO POTENS, 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 that you submitted is incorrect. It is for a corporation and your entity is an LLC. I have enclosed the correct form.

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) 245-6823.

Annette Ramsey
OPS

Letter Number: 822A00004733

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Virgo Potatoes 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:

James Tracy

Name of Person

~~300 NW 36th Ct~~ Virgo Potatoes LLC

Firm/Company

~~Boca Raton FL~~ 300 NW 36th Ct

Address

Boca Raton FL 33431

City/State and Zip Code

virgopotatoes@use.startmail.com

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

For further information concerning this matter, please call:

James Tracy

Name of Person

at (561) 945 5570

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: Virgo Peters LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

300 NW 36TH CT

Boca Raton FL 33431

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

222 Yamato Rd #233

Boca Raton FL 33431

2/18/2021

L21000082715

3. Date of filing/registration in Florida

4. Document number

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

300 NW 36TH CT

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Boca Raton, FL 33431

(b) Registered Agents Inc.

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

7901 4th St N

NEW Registered Office Address:

STE 300

St. Petersburg, FL 33702

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 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.

Bill Havre Bill Havre - Assistant Secretary
Signature of Registered Agent

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CLERK OF COURT
TALLAHASSEE, FLORIDA