

L210000-82715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

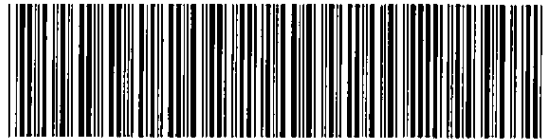
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JULIA BOULDER

RA Change

APR 27 2023

D. CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

Virgo Potens 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:

James Tracy

Name of Person

Virgo Potens LLC

Firm/Company

300 NW 36th Ct

Address

Boca Raton FL 33431

City/State and Zip Code

virgopotens@use.startmail.com

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

For further information concerning this matter, please call:

James Tracy 561 945-5590

Name of Person at () _____
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.

Virgo Potens LLC

1. Name of the limited liability company: _____

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**)

300 NW 36 Ct

300 NW 36th Ct

Boca Raton FL 33431

Boca Raton FL 33431=====

2/18/2021

L21000082715

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

Registered Agents Inc

5. (a) _____

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

Registered Agents Inc

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

7901 4th St N Suite 300

St. Petersburg

33702

FL

James Tracy

(b) _____

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

NEW Registered Office Address:

300 NW 36 Ct

Boca Raton

33431

FL

FILED
MAR 13 AM 11:20
TALLAHASSEE, FL
CLERK OF THE DIVISION OF CORPORATIONS

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.

James Tracy

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