

L210000 97526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

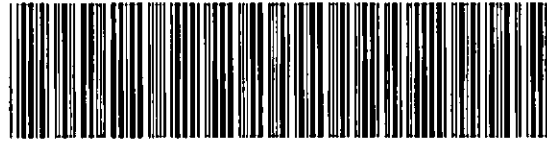
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2021 SEP -7 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FL 32301

09/09/2021
JH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2021 SEP -7 PM 3:39

August 24, 2021

JEFFREY PHILLIPS
3131 HASSI PT.
LONGWOOD, FL 32779 US

SUBJECT: PEST WORKSHOP LLC
Ref. Number: L21000097526

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a PROFIT REGISTERED AGENT CHANGE, but your entity is a LLC REGISTERED AGENT. Please complete and return the enclosed blank form(s).

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) 245-6050.

Jasmine N Horne
Regulatory Specialist II

Letter Number: 521A00020373

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pest Workshop
Name of Corporation _____

DOCUMENT NUMBER: L21000097526

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey Phillips

Name of Contact Person

Pest Workshop

Firm/Company

3131 Hassi Pt.

Address

Longwood, FL 32779

City/State and Zip Code

jspfromstl@gmail.com

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

For further information concerning this matter, please call:

Jeffrey Phillips

Name of Contact Person

at (314) 565-2010

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Pest Workshop LLC

2. (a) 3131 Hassi Pt
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Longwood, FL 32779

(b) 3131 Hassi Pt
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Longwood, FL 32779

3. 3/1/2021 Date of filing/registration in Florida

4. L21000097526 Document number

5. (a) Jeffrey Phillips
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
433 Morning Glory
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Lake Mary, FL 32746

(b) Jeffrey Phillips
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
3131 Hassi Pt
NEW Registered Office Address:
Longwood, FL 32779

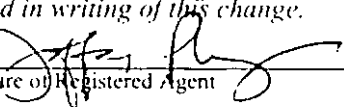
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Jeffrey Phillips Printed or typed name of signer

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