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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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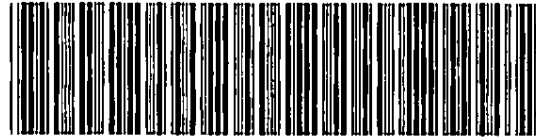
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 FEB 28 AM 6:23

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MAR 10 2022

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Frances A Kugel, 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:

Frances A. Kugel  
Name of Person

Frances A Kugel, LLC  
Firm/Company

2430 SE Hillard Rd  
Address

Port St Lucie, FL 34952  
City/State and Zip Code

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

For further information concerning this matter, please call:

Fran Kugel at (843) 743-5679  
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: Frances A Kugel, LLC

2. (a) 2430 SE Hillard Rd, Port St Lucie, FL 34952 (b) 2430 SE Hillard Rd, Port St Lucie, FL 34952  
 Principal office address of limited liability company: Mailing address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)* *(Note: MAY BE POST OFFICE BOX)*

3. 03/02/2021 Date of filing/registration in Florida 4. L21000101501 Document number

5. (a) Registered Agents Inc.  
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
7901 4th St N, Ste 300

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
St. Petersburg, FL 33702

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**2022 FEB 28 AM 6:23**  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

(b) Frances A Kugel  
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
Frances A. Kugel, Registered Agent  
**NEW Registered Office Address**:  
2430 SE Hillard Rd  
Port St Lucie, FL 34952

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.

Frances A Kugel Signature of a member or authorized representative of a member  
Frances A Kugel 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.*

Frances A Kugel  
 Signature of Registered Agent