

121000115632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

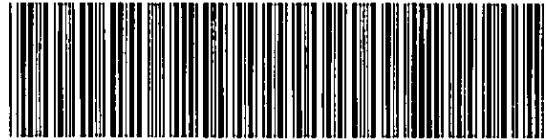
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: Admin. Dissolved

07031

1/9/23

Office Use Only



900375888959

11/05/21--01014--009 **425.00

FILED
2023 JAN -9 PM 2:27
TALLAHASSEE, FLORIDA

LLC
RACH

JAN 21 2023

D CONNELL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 2, 2021

NICHOLAS SCHMITT
1832 MELROSE PLANTATION DR
JACKSONVILLE, FL 32223

SUBJECT: CERTIFIED THERMOGRAPHIC SERVICES II LLC
Ref. Number: L21000115632

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Querida R Silas
Regulatory Specialist II

Letter Number: 221A00028963

2022 JAN -9 PM 12:46

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Certified Thermographic Services II 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:

Nicholas Schmitt

Name of Person

Certified Thermographic Services II LLC
Firm/Company

1832 Melrose Plantation Dr.
Address

Tallahassee, FL 32303
City/State and Zip Code

njschmitt187@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicholas Schmitt at (321) 795-9662
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: Cert. Feed Thermographic Services II LLC

2. (a) 1832 Melrose Plantation Dr
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Jacksonville, FL
32223

(b) 1832 Melrose Plantation Dr.
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

Jacksonville, FL
32223

3. 1/4/23
Date of filing/registration in Florida

4. _____
Document number

5. (a) Legal Corp Solutions, LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

34410 Hollywood Blvd
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Suite 415
Hollywood, FL

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

1832 Melrose Plantation Dr.
NEW Registered Office Address:

Jacksonville, FL

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]
Signature of a member or authorized representative of a member

Nicholas Schmitt
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]
Signature of Registered Agent

FILED
2023 JAN -9 PM 2:27
TALLAHASSEE, FL 32304
STATE OF FLORIDA