

K21 000 172087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

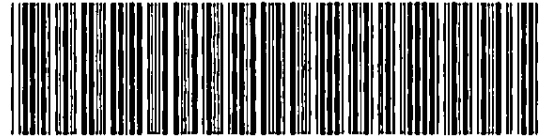
(Business Entity Name)

(Document Number)

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2021 AUG 18 PM 3:40  
SECRETARY OF STATE  
TALLAHASSEE, FL

797

2021 AUG 18 PM 12:48



2021 01

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 30, 2021

VIVKIE SNELL  
221 VERMONT AVE E  
BRADENTON, FL 34208

SUBJECT: ARTISAN CUSTOM POOLS LLC  
Ref. Number: L21000172087

We have received your document for ARTISAN CUSTOM POOLS 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 you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. 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.

Catherine M Brumbley  
Regulatory Specialist II

Letter Number: 021A00017897

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Artisan Custom Pools 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:

Vickie K. Snell  
Name of Person

Artisan Custom Pools LLC  
Firm/Company

221 Vermont Ave E  
Address

Bradenton FL 34208  
City/State and Zip Code

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

For further information concerning this matter, please call:

Vickie Snell at (769) 216-9267  
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: Artisan Custom Pods LLC

2. (a) 221 Vermont Ave E Bradenton (b) \_\_\_\_\_  
Principal office address of limited liability company: FL 34208 Mailing address of limited liability company: \_\_\_\_\_  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 04/13/2021 Date of filing/registration in Florida 4. L21000172087 Document number

5. (a) Vickie K Snell  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
5386 Gulf Drive Suite 101  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Holmes Beach, FL 34217

(b) Vickie K. Snell  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

221 Vermont Ave E  
NEW Registered Office Address:

Bradenton, FL 34208  
\_\_\_\_\_, FL \_\_\_\_\_

**FILED**  
2021 AUG 18 PM 3:40  
STATE OF FLORIDA  
TALLAHASSEE, 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.

Vickie K. Snell  
Signature of a member or authorized representative of a member

Vickie K. Snell  
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.*

Vickie K. Snell  
Signature of Registered Agent