

h21 000213794

(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:

Office Use Only



300390854333

08/08/22--01036--000 *\$25.00

SECTION 190.01
TALLAHASSEE, FL

2022 AUG -8 PM 1:12

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARADISE VENDING 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:

NICK MIKLOS

Name of Person

PARADISE VENDING LLC

Firm/Company

4389 LIBRARY ST

Address

PORT CHARLOTTE, FL 33948

City/State and Zip Code

NICKMIKLOS@YAHOO.COM

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

For further information concerning this matter, please call:

J A MCINERNEY JR MBA EA ATA

941

764-0976

at ()

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: PARADISE VENDING LLC

2. (a) 4389 LIBRARY ST (b) 4389 LIBRARY ST

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

PORT CHARLOTTE, FL 33948

PORT CHARLOTTE, FL 33948

7/19/22

L21000213794

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

5. (a) INC AUTHORITY LLC

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

390 NORTH ORANGE AVE

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

STE 2300-N

ORLANDO, FL 32801

(b) NICK MIKLOS

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

4389 LIBRARY ST

NEW Registered Office Address:

PORT CHARLOTTE, FL 33948

FILED
2022 AUG -8 PM 1:12
SECRETARY OF STATE
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.

NICK MIKLOS

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