

K21 000 286 547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

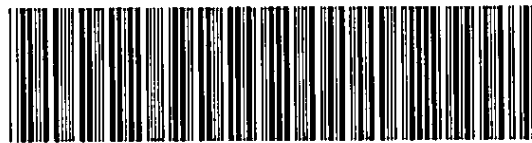
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SECRETARY OF STATE
TALLAHASSEE, FL

Received
10/19/21



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2021

VICTORIA PADRON
5511 PARKCREST DR
SUITE 207
AUSTIN, TX 78731 US

SUBJECT: PAYMENTS BY DESIGN LLC
Ref. Number: L21000286547

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):

The document is illegible and not acceptable for imaging.

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: 821A00019129

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Payments by Design 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:

Victoria Padron

Name of Person

ZenBusiness Inc.

Firm/Company

5511 Parkcrest Dr Ste 207

Address

Austin, TX 78731

City/State and Zip Code

zenra@zenbusiness.com

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

For further information concerning this matter, please call:

Victoria Padron

at (844)

493-6249

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: PAYMENTS BY DESIGN LLC
2. (a) 5655 MAUNA LOA BLVD.
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
208
SARASOTA, FL 34240
- (b) 5655 MAUNA LOA BLVD.
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
208
SARASOTA, FL 34240
3. 06/21/2021 Date of filing/registration in Florida
4. L21000286547 Document number
5. (a) UNITED STATES CORPORATION AGENTS, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5575 S. SEMORAN BLVD.
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
36
ORLANDO, FL 32822
- (b) Registered Agents Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
7901 4th St N
NEW Registered Office Address:
STE 300
St. Petersburg, FL 33702

FILED
2021 OCT 19 AM 6:51
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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.

/s/ Beatriz Solis

Beatriz Solis

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.

Beatriz Solis

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00