

h21 000321114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

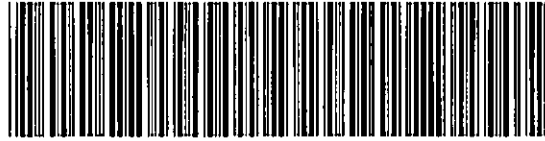
(Business Entity Name)

(Document Number)

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2022 OCT 19 AM 9:33

CLERK OF COURT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 OCT 19 AM 9:04

August 25, 2022

PETRINE GORDON  
PEACHY'S PARADISE, LLC  
4846 N UNIVERSITY DR., STE 402  
LAUDERHILL, FL 33351

SUBJECT: PEACHY'S PARADISE, LLC  
Ref. Number: L21000321114

We have received your document for PEACHY'S PARADISE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

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.

Tammi Cline  
Regulatory Specialist II Supervisor

Letter Number: 222A00018970

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2022 OCT 19 AM 9:33

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Peachy's Paradise, 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:

Petrine Gordon

Name of Person

Peachy's Paradise, LLC

Firm/Company

4846 N University Dr. Ste 402

Address

Lauderhill, Florida, 33351

City/State and Zip Code

peachysparadise@peachysparadise.com

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

For further information concerning this matter, please call:

Petrine Gordon

Name of Person at ( ) 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

2022 OCT 19 AM 9:33

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**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: Peachy's Paradise, LLC

2. (a) _____ Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>4846 N University Dr. Ste 402</u> <u>Lauderhill, FL, 33351</u>	(b) _____ Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>4846 N University Dr. Ste 402</u> <u>Lauderhill, FL, 33351</u>
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3. _____ Date of filing/registration in Florida	4. _____ Document number
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5. (a) Petrine Gordon  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*  
2630 W BROWARD BLVD SUITE 203-1231  
Ft. Lauderdale, FL 33123

(h) \_\_\_\_\_  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
4846 N University Dr. Ste 402  
Lauderhill, FL 33351

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.

Petrine Gordon  
Signature of a member or authorized representative of a member

Petrine Gordon  
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.*

Petrine Gordon  
Signature of Registered Agent

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2022 OCT 19 AM 9:33  
TALLAHASSEE, FL