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(City/State/Zip/Phone #)

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(Business Entity Name)

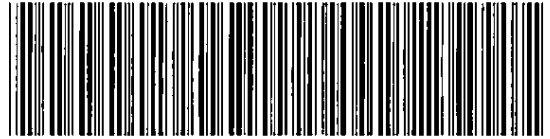
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**BERLIN PATTEN EBLING**

**ATTORNEYS AT LAW**

August 16, 2023

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

**Re: STATEMENT OF CHANGE OF REGISTERED OFFICE & REGISTERED AGENT for 4621 GULF OF MEXICO DR. 15D, LLC**

Dear Sir or Madam,

Please find enclosed the filing to Amend the Articles of Organization for 4621 GULF OF MEXICO DR. 15D, LLC. Please also find a check enclosed to process same. Please contact us at the number below if any additional payment is required and we will provide payment information.

**FEES:**

Filing Fee: **\$25.00**

Please do not hesitate to contact me directly should you require anything further. Please return all correspondence concerning this matter to the following:

**Ashley Hutson, Esq.**  
Berlin Patten Ebling, PLLC  
525 1<sup>st</sup> Avenue North  
St. Petersburg, Florida 33701  
T: 941-954-9991  
F: 941-954-9992  
[ahutson@berlinpatten.com](mailto:ahutson@berlinpatten.com)

**Very Truly Yours,**

**Berlin Patten Ebling, PLLC**

*/s/ Ashley Hutson, Esq.*

Enclosures: AAH/alm

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 4621 GULF OF MEXICO DR. 15D, 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:

Alejandro Mont

Name of Person

Berlin Patten Ebling, PLLC

Firm/Company

525 1st Avenue North

Address

St. Petersburg, Florida 33701

City/State and Zip Code

amont@berlinpatten.com

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

For further information concerning this matter, please call:

Alejandro Mont at (941) 954-9991  
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: 4621 GULF OF MEXICO DR. 15D, LLC
2. (a) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)  
4621 GULF OF MEXICO DR. UNIT 15D  
LONGBOAT KEY, FL 34228
- (b) Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)  
6 SUMMIT TER N  
KINNELON, NJ 07405
3. 07/26/2021 Date of filing/registration in Florida
4. L21000336104 Document number

5. (a) Jo Ann M Koontz  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1613 FRUITVILLE RD  
SARASOTA, FL 34236

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- (b) Berlin Patten Ebling, PLLC

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

NEW Registered Office Address:  
525 1st Avenue North

St. Petersburg, FL 33701

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.

Alejandro Mont

Signature of a member or authorized representative of a member

Alejandro Mont

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.*

Alejandro Mont

Signature of Registered Agent