

L21000344918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

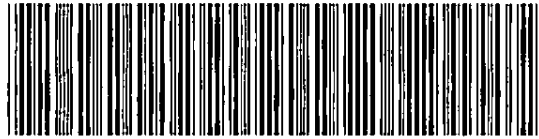
(Document Number)

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S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 7, 2024

CS CUSTOM SERVICES LLC  
CHRISTOPHER SCHUETTE  
3792 COLLINWOOD LANE  
WEST PALM BEACH, FL 33406

SUBJECT: CS CUSTOM SERVICES LLC  
Ref. Number: W24000021414

We have received your document for CS CUSTOM SERVICES 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 FLORIDA CORPORATION, but your entity is a FLORIDA LLC. 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) 245-6939.

Stacy Prather  
Regulatory Specialist III

Letter Number: 624A00002759

3/1

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CS Custom Services 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:

Christopher Schuette  
Name of Person

CS Custom Services LLC  
Firm/Company

3792 Collinwood Ln  
Address

West Palm Bch, FL 33406  
City/State and Zip Code

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

For further information concerning this matter, please call:

Christopher Schuette at (561) 385-8032  
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: CS Custom Services LLC

2. (a) 3792 Collinwood Ln (b) 3792 Collinwood Ln  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

WLB FL 33406

WLB FL 33406

3. 7/30/2021 4. L21000344918  
Date of filing/registration in Florida Document number

5. (a) United States Corporation, Inc  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

476 Riverside Ave  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Jacksonville FL 32202

(b) Christopher Schuelke  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

3792 Collinwood Ln  
NEW Registered Office Address

West Palm Bch FL 33406

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.

Chris Schuelke  
Signature of a member or authorized representative of a member

Christopher Schuelke  
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.

Chris Schuelke  
Signature of Registered Agent