

L21000390092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

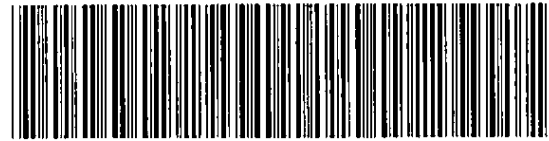
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

TOP CHOICE NOTARY SERVICES, LLC

**SUBJECT:** \_\_\_\_\_  
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:

KAREN NEWELL

Name of Person

TOP CHOICE NOTARY SERVICES, LLC

Firm/Company

450 NW 188 TERRACE

Address

PEMBROKE PINES, FL. 33029

City/State and Zip Code

kneast29@gmail.com

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

For further information concerning this matter, please call:

Karen Newell	954	461-5121
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Name of Person

Area Code &amp; 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.*

TOP CHOICE NOTARY SERVICES, LLC

1. Name of the limited liability company: 10250 SW 8th Court 10250 SW 8th Court

2. (a) Principal office address of limited liability company: (b) Mailing address of limited liability company:

*(Note: MUST BE STREET ADDRESS)*

*(Note: MAY BE POST OFFICE BOX)*

Pembroke Pines, FL 33025

Pembroke Pines, FL 33025

09/01/2021

1.21000390092

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

INC AUTHORITY RA

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

390 NORTH ORANGE AVE, STE 2300-N

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

ORLANDO

32801

, FL

TOP CHOICE NOTARY SERVICES, LLC

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

10250 SW 8TH COURT - BLDG 3/UNIT 107

NEW Registered Office Address:

PEMBROKE PINES,

33025

, 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.

Karen Newell

Signature of a member or authorized representative of a member

Printed or typed name of signer

*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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00