

L21000439574

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000052166 3)))



H240000521663ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PAVESE LAW FIRM
Account Number : I20130000057
Phone : (239)334-2195
Fax Number : (239)332-2243

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Michaellehner+@pavese.law.com

LLC REGISTERED AGENT CHANGE

ELLEN AVE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

2024 FEB -7 PM 12:16

FLORIDA
DIVISION OF CORPORATIONS
STATE

2024 FEB -7 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ELLEN AVE, 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:

MICHAEL P. LEHNERT, ESQ.

Name of Person

PAVSE LAW FIRM

Firm/Company

1833 HENDRY STREET

Address

FORT MYERS, FL 33901

City/State and Zip Code

michaellihnert@paveselaw.com

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

For further information concerning this matter, please call:

MICHAEL P. LEHNERT, ESQ.

239

336-6280

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

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: ELLEN AVE, LLC
2. (a) 4244 ELLEN AVE
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
FORT MYERS, FL 33901
- (b) 4244 ELLEN AVE
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
FORT MYERS, FL 33901
3. 10/07/2021
Date of filing/registration in Florida
4. L21000439574
Document number
5. (a) LYNCH, PATRICIA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
4244 ELLEN AVE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
FORT MYERS, FL 33901
- (b) PLF REGISTERED AGENT, L.L.C.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
1833 HENDRY STREET
NEW Registered Office Address:
FORT MYERS, FL 33901

FILED
 2024 FEB - 7 AM 8:56
 SECRETARY OF STATE
 TALLAHASSEE, 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.

Patricia Lynch PATRICIA LYNCH
 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]
Signature of Registered Agent