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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

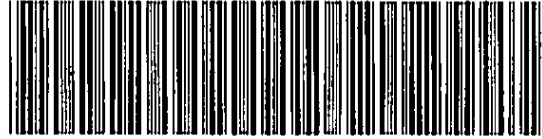
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

Cuzmar Law, PLLC

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:

Jamie Cuzmar

Name of Person

Cuzmar Law, PLLC

Firm/Company

2101 W. State Road 434, Suite 105

Address

Longwood, FL 32779

City/State and Zip Code

cuzmar181@gmail.com

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

For further information concerning this matter, please call:

Jamie Cuzmar

407

919-8239

at (\_\_\_\_\_)

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

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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: Cuzmar Law, PLLC

2. (a) 2101 W. State Road 434 (b) 2101 W. State Road 434

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Suite 105

Suite 105

Longwood, FL 32779

Longwood, FL 32779

12/28/2021

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3. Date of filing/registration in Florida

4. Document number

5. (a) Jamie A. Cuzmar

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

255 Primera Blvd.

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

Suite 160

Lake Mary, FL 32746

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

2101 W. State Road 434

**NEW Registered Office Address:**

Suite 105

Longwood, FL 32779

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.

[Signature]  
Signature of a member or authorized representative of a member

Jamie Cuzmar

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.*

[Signature]  
Signature of Registered Agent