

L2200010814

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BURKE FAULKNER LAW, P.A.
Account Number : I20150000064
Phone : (727)781-7428
Fax Number : (727)502-6064

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

Email Address: _____

LLC REGISTERED AGENT CHANGE ATHENA KALEA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

2022 MAR 11 AM 11:50

APPROVED
AND
FILED

2022 MAR 11 PM 4:38

COVER LETTER

(((H22000078734 3)))

TO: Registration Section
Division of Corporations

SUBJECT: Athena Kalea, 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:

Debbie Faulkner, Esq.

Name of Person

Burke Faulkner Law, P.A.

Firm/Company

3937 Tampa Road #2

Address

Oldsmar, FL 34677

City/State and Zip Code

debbie@burkefaulknerlaw.com

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

For further information concerning this matter, please call:

Debbie Faulkner

727

939-4900

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: Athena Kalea, LLC

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

01/04/2022

L22000010814

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

5. (a) LAW OFFICE OF FRANK LAGO, P.A.

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

3152 LITTLE ROAD, #191

Trinity, FL 34655

(b) Burke Faulkner Law, P.A.

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

NEW Registered Office Address:

3937 Tampa Road #2

Oldsmar, FL 34677

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CLERK OF THE STATE
OF FLORIDA, TALLAHASSEE

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 of a member or authorized representative of a member

Jennifer Lamberth

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