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HTT: Claretha Golden
cover letter

co	VER LETTER
TO: Registration Section Division of Corporations	RECEIVED
SUBJECT: Staceyat	2022 APR -4 AH 11: 24 ON SON TICE LE TATE miled Liability Company TALLAHASSEE, FL
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	age and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Stacey L. Jeffers Name of Person	
Starypt prservice u	
455 N. 150 Street Writh	<u>B</u>
Coca Beach FL. 3293 City/State and Zip Code	?)
E-mail address: (to be used for future annual repo	mail. Com rt notification)
For further information concerning this matter, please of	eall:
Stucey Telfers at (321 355-8206 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	t:
S25 Filing Fee	S55 Filing Fee & Certified Copy



March 16, 2022

STACEY L. JEFFERS 455 N 1ST STREET UNIT B COCOA BEACH, FL 32931

SUBJECT: STACEYATYOURSERVICE LLC

Ref. Number: L22000011823

We have received your document for STACEYATYOURSERVICE 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 application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The registered agent must sign accepting the designation.

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) 245-6050.

Letter Number: 422A00006234

Claretha Golden Regulatory Specialist II

www.sunbiz.org

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.

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	r name of N	EW Register	ed Agent and	/or NEW R	egistered (Office add	lress:	_)
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ge or c	hanges ar	e made, the	Florida str	eet addres	ss of the r	egistere	d office ar	nd the busir	hereby confi less office of	f the reg	gistered
ge or c I will b	hanges ar se identica	e made, the I. Or, in th	Florida str e case of a	eet addres Florida lii	ss of the r mited liab	egistered oility cor	d office ar npany, it i	nd the busir is hereby co		f the reg t the ch	gistered ange(s)

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 Regis cred Agent