## Laa000014793

(R	equestor's Name)
(Ā	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	
(É	Business Entity Name)
(C	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
	Office Use Only

÷





05/09/23--01014--018 \*\*35.00

2023 HAY - 9 PH 12: 05 ÷ 1= -35 - 4 4 - 7 - 1 - 244 :

## COVER LETTER

TO: Amendment Section Division of Corporations

CENTRAL GULF ENTERPRISES LLC SUBJECT:\_\_\_\_\_\_ Name of Corporation

L22000014793 DOCUMENT NUMBER:

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEXIS JANS

Name of Contact Person CENIRAL GULF ENTERPRISES LLC

Firm/Company 3505 TARPON WOODS BLVD.

Address M-410

City/State and Zip Code

REALTOR.ALEXISJANS@GMAIL.COM

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

For further information concerning this matter, please call:

ALEXIS JANS Name of Contact Person at (727 )313-5101 Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

## CENTRAL GULF ENTERPRISES LLC

1. The name of the corporation: 3505 TARPON WOODS BLVD. UNIT M-410

2. The principal office address:

3. The mailing address (if different): L22000014793

**JANUARAY 6, 2022** 4. Date of incorporation/qualification: Document number:

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

UNITED STATES CORPORATION AGENTS, INC.

5575 S. SEMORAN BLVD.

ORLANDO, FL. 32822

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ALEXIS JANS	· · · · · · · · · · · · · · · · · · ·	2023	
3505 TARPON WOODS BLVD, UNIT M-410		НАТ	۲ و
P.O. Box NOT acceptable		6-	-
PALM HARBOR, FL 34685	, ,	PH	

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board or the corporation has been notified in writing of the change.

el an officer or director

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. I hereby confirm that the corporation has been notified in writing of this change.

Signature Kegistered Agent

If signing on behalf of an entity:

ALEXIS JANS

Typed or Printed Name

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)