

L22000017746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

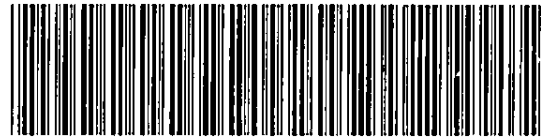
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALLIANCE FOR

APR 2023

MAY - 2 2023



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 05/01/2023

Name: Merritt Walker

Reference #: 1975792

Entity Name: STRUTHERS MARINA, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY OF THE FILING EVIDENCE

Authorized Amount: \$55

Signature: mw

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Struthers Marina, 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:

Diane Brown

Name of Person

CCB Healthcare Consultants LLC

Firm/Company

507 Plum Street, STE 310

Address

Syracuse, NY 13204-1469

City/State and Zip Code

dbrown@ccblaw.com

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

For further information concerning this matter, please call:

Diane Brown

Name of Person

at (315)

477-6253

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: Struthers Marina, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

761 Anclote Rd.

761 Anclote Rd.

Tarpon Springs, FL 34689

Tarpon Springs, FL 34689

01/14/2022

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

5. (a) Law Office of Robert Eckard & Associates, P.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3110 Palm Harbor BLVD

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Palm Harbor, FL 34683

(b) Cogency Global Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:

115 North Calhoun Street, Suite 4

NEW Registered Office Address:

Tallahassee, FL 32301

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.

David Pennington

David Pennington

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.

Karen McKee
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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