

h22000031456

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

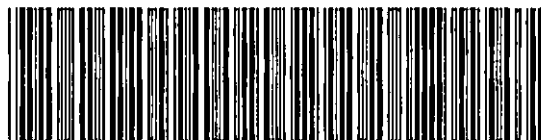
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XYZ Corporate 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:

Thomas Murphy

Name of Person

XYZ Corporate LLC

Firm/Company

1777 Tamiami Trail Unit 402

Address

Port Charlotte, FL 33948

City/State and Zip Code

tom@xyzcorporate.llc

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

For further information concerning this matter, please call:

Thomas Murphy

941

787-4057

at (_____) _____

Name of Person

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: XYZ Corporate LLC

2. (a) XYZ Corporate LLC (b) XYZ Corporate LLC

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

1777 Tamiami Trail Unit 402

1777 Tamiami Trail Unit 402

Port Charlotte, FL 33948

Port Charlotte, FL 33948

01/18/2022

L22000031456

3. Date of filing/registration in Florida

4. Document number

5. (a) XYZ Corporate LLC

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

Thomas C. Murphy Sr.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2120 Kings Hwy Unit 215

Punta Gorda, FL 33980

(b) XYZ Corporate LLC

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

Thomas C. Murphy Sr.

NEW Registered Office Address:

1777 Tamiami Trail Unit 402

Port Charlotte, FL 33948

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.

Thomas C. Murphy Sr.

Signature of a member or authorized representative of a member

Thomas C. Murphy Sr.

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.

Thomas C. Murphy Sr.

Signature of Registered Agent

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

FILING FEE: \$25.00

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2022 APR 22 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FL 32304