

122000068162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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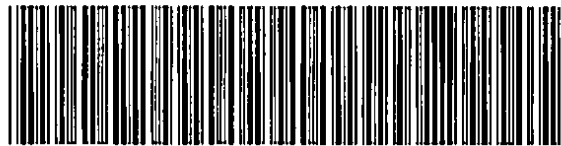
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2022 JUN 24 PM 6:30  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2022 JUN 24 AM 8:02  
SECRETARY OF STATE  
TALLAHASSEE, FL

June 6, 2022

SAMANTHA A KOVACSIK  
636 NW SHARPE ST  
PORT SAINT LUCIE, FL 34983

SUBJECT: GREEN GODDESS AROIDS LLC  
Ref. Number: L22000068162

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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.

Querida R Silas  
Regulatory Specialist II

Letter Number: 722A00012646

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Green Goddess Aroids 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:

Samantha A. Kovacsik

\_\_\_\_\_  
Name of Person

Green Goddess Aroids LLC

\_\_\_\_\_  
Firm/Company

636 NW Sharpe St

\_\_\_\_\_  
Address

Port Saint Lucie, FL 34983

\_\_\_\_\_  
City/State and Zip Code

samanthak1218@gmail.com

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

For further information concerning this matter, please call:

Samantha A. Kovasik

\_\_\_\_\_  
at ( 760 )

8127151

\_\_\_\_\_  
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: Green Goddess Aroids LLC

2. (a) 636 NW Sharpe St (b) 636 NW Sharpe St

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

Port Saint Lucie, FL 34983

Port Saint Lucie, FL 34983

02/09/2022

1.22000068162

3. Date of filing/registration in Florida

4. Document number

5. (a) Vladimir Kovacsik

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

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

636 NW Sharpe St

Port Saint Lucie, FL 34983

(b)

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

Samantha A Kovacsik

**NEW Registered Office Address:**

636 NW Sharpe St

Port Saint Lucie, FL 34983

**FILED**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**  
**JUN 24 PM 6:30**

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.

X

[Signature]  
Signature of a member or authorized representative of a member

Samantha A Kovacsik

Printed or typed name of signee

*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.*

X

[Signature]  
Signature of Registered Agent

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00**