

h22000100556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

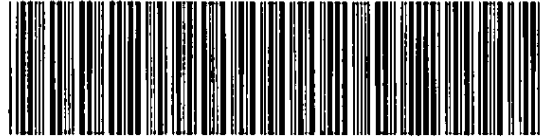
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Q. SILAS
Special Instructions to Filing Officer:

JUL 28 2022

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TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 JUL 28 AM 11:38

SECRET
TALLAHASSEE, FL

June 13, 2022

MARION ASHLEY
351 PINO PALM DR
NAPLES, FL 34104

SUBJECT: ITS ME VINTAGE MARIO LLC
Ref. Number: L22000100556

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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The current registered agent must be listed in 5(a). The new registered agent must be listed in 5(b). If you are wanting to change the authorized person(s) authorized to manage the LLC, you will need to complete the Amendment form.

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: 722A00013176

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ITS ME VINTAGE MARIO LLC
Name of Corporation

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:

Marion Ashby
Name of Contact Person

ITS ME VINTAGE MARIO
Firm/Company

351 PINDO PALM DRIVE
Address

NAPLES, FL 34104
City/State and Zip Code

itsmevintagemario@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marion Ashby at (239) 450-7844
Name of Contact Person Area Code & Daytime Telephone Number

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

Mailing Address:
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

**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: ITS ME VINTAGE MARIO LLC
2. (a) 351 PINDO PALM DRIVE (b) 351 PINDO Palm Dr.
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
Naples FL 34104 Naples FL 34104

3. 2/22 Date of filing/registration in Florida 4. CP5751 Document number

5. (a) Marion Ashley
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
351 Pindo Palm Drive
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Naples FL 34104
_____, FL _____

FILED
JUL 28 AM 1:11
SECRETARY OF STATE
TALLAHASSEE, FL

- (b) Marion Lee Ashley JR
Enter name of **NEW Registered Agent** and/or **NEW Registered Office** address:
351 Pindo Palm Dr.
NEW Registered Office Address:
Naples, FL 34104

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.

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

MARION ASHLEY
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.

[Signature]
Signature of Registered Agent