L22000106122

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

200437350402

10/02/24--01003--005 **25.00

FILED
2024 OCT -2 AM 9:22

COVER LETTER

SUBJECT: ____________________
Name of Limited Liability Company

Wendy Cohn
Name of Person

Firm/Company

Address

Port St. Lucie FL 34983
City/State and Zip Code

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

For further information concerning this matter, please call:

Wendy Cohn at 561 506 9146
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 to change its registered office or registered agent, or both, in the State of Florida.

1 Name of the limited liability company: Sleepwell Estate LLC

2 (a) 6610 NW Radin Ct
(Street address of limited liability company)
Note: MUST BE STREET ADDRESS

(b) _____
Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)

3 9/4/24
Date of filing registration in Florida

4 L22000106122
Document number

5 (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

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

_____

_____, FL _____

(b) Rocket Lawyer Corporate Services LLC
Enter name of NEW Registered Agent and/or NEW Registered Office address

155 Office Plaza Drive, 1st Floor
NEW Registered Office Address

_____

Tallahassee, FL 32301

2024 OCT -2 AM 9:22

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.

Wendy Colin
Signature of a member or authorized representative of a member

Wendy Colin
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.

Edna Perry, Asst. Secretary Rocket Lawyer Corporate Services LLC
Signature of Registered Agent

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