

L22000121551

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(Address)

(Address)

(City/State/Zip/Phone #)

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2022 APR 19 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FL

4/24/2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUNCOAST ESCAPES, 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:

LOVETTE DOBSON

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

INCFIL.COM LLC

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

17350 STATE HWY 249 #220

\_\_\_\_\_  
Address

HOUSTON, TX 77064

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

EFILE1234@INCFIL.COM

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

For further information concerning this matter, please call:

LOBETTE DOBSON

888

462-3453

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: SUNCOAST ESCAPES, LLC

2. (a) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

4301 46TH AVE W. UNIT 104

BRADENTON, FL 34210-2993

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

3 SOUNDVIEW DR. N

LLOYD HARBOR, NY 11743

03/10/2022

L22000121551

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
JOHN W. TITCOMB

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

4301 46TH AVE W UNIT 104

BRADENTON, FL 34210

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

LEGALINC CORPORATE SERVICES INC.

**NEW** Registered Office Address:

5237 SUMMERLIN COMMONS SUITE 400

FORT MYERS, FL 33907

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**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

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.

John W. Titcomb  
Signature of a member or authorized representative of a member

JOHN W. TITCOMB

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.*

Wesley Delan  
Signature of Registered Agent