

L22000124902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

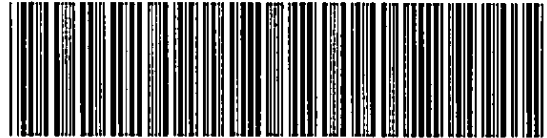
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2022 JUL 25 PM 2:52

FILED

July 15, 2022

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

Re: **Plasma Shield LLC**

To Whom It May Concern:

Enclosed please find the following:

- Articles of Amendment to Articles of Organization; and
- A check for \$25 for the filing fees payable to Florida Division of Corporations; and
- A pre-addressed return envelope. Please use it to return the filed documents to me.

If you have any questions or concerns regarding this filing, I can be reached at 800-706-4741 or cnichols@andersonadvisors.com.

Thank you.

Caleb Nichols

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Plasma Shield 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:

Sydney Grice

Name of Person

Anderson Business Advisors

Firm/Company

3225 McLeod Drive, #100

Address

Las Vegas, NV 89121

City/State and Zip Code

ra@andersonadvisors.com

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

For further information concerning this matter, please call:

Sydney Grice

at (800) 7064741

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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: Plasma Shield LLC
2. (a) 18401 COLLINS AVENUE SUITE 1270
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
SUNNY ISLES BEACH, FL 33160
- (b) 18401 COLLINS AVENUE SUITE 1270
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
SUNNY ISLES BEACH, FL 33160
3. 3/11/2022 Date of filing/registration in Florida
4. L22000124902 Document number

5. (a) SELIVANOV, IVAN
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

18401 COLLINS AVENUE SUITE 1270

SUNNY ISLES BEACH, FL 33160

- (b) Anderson Registered Agents, Inc.

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

625 E. Twiggs Street, Suite 110

NEW Registered Office Address:

Tampa, FL 33602

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.

Sydney Grice

Digitally signed by Sydney Grice
DN: cn=Sydney Grice, o=My eSign, email=sydney@myesign.com, c=US
Date: 2022.05.11 11:25:48 -0700

Sydney Grice

Signature of a member or authorized representative of a member

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.

A. T. Mathis, President

Digitally signed by A. T. Mathis, President
DN: cn=A. T. Mathis, President, o=My eSign, email=atmathis@myesign.com, c=US
Date: 2022.05.11 11:26:11 -0700

Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
2022 JUL 25 PM 2:52
TALLAHASSEE, FL
SECRETARY OF STATE