

622 000128708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

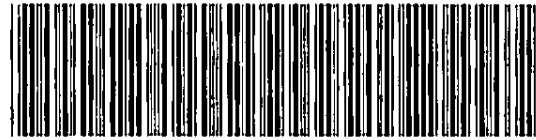
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2023 JAN 30 PM 6:03
S. PRATHER

JAN 31
S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 28, 2022

LOWKEY STRATEGY LLC
1047 11TH AVE N 1/2
ST PETERSBURG, FL 33705

SUBJECT: LOWKEY STRATEGY L.L.C.
Ref. Number: L22000128708

We have received your document for LOWKEY STRATEGY L.L.C. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 822A00028934

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lowkey Strategy 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:

Kevin Verrochi

Name of Person

Lowkey Strategy LLC

Firm/Company

1047 11th Ave. N 1/2

Address

St. Petersburg, Florida 33705

City/State and Zip Code

lowkeystrategy1@gmail.com

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

For further information concerning this matter, please call:

Kevin Verrochi

617

833-5079

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: Lowkey Strategy LLC

2. (a) 1047 11th Ave N. 1/2 St. Petersburg, FL 33705

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 1047 11th Ave N. 1/2 St. Petersburg, FL 33705

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

03/14/2022

3. Date of filing/registration in Florida

L22000128708

4. Document number

5. (a) -MANDELBAUM, FITZSIMMONS, HEWITT & CAIN, PA -

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

2111 W. SWANN AVENUE Suite 200

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

Tampa, FL 33606

(b) Kevin Verrochi

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

1047 11th Ave N. 1/2

NEW Registered Office Address:

St. Petersburg, FL 33705

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 of a member or authorized representative of a member

Kevin Verrochi

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 of Registered Agent

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

2023 JAN 30 PM 6:39
TALLAHASSEE, FL 32314