

L22000129290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

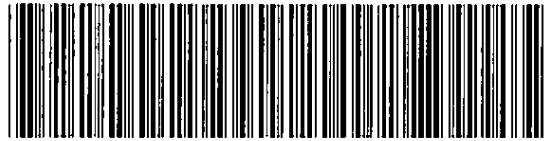
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2023 APR 19 PM 1:09
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: All In Teas, 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:

Carlos de la Fuente

Name of Person

All In Teas

Firm/Company

328 Ant. la Way

Address

St Johns, FL 32259

City/State and Zip Code

carlos@allintees.com

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

For further information concerning this matter, please call:

Carlos de la Fuente

Name of Person

at (312) 772-4610

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2023

CARLOS DE LA FUENTE
328 ANTILA WAY
ST. JOHNS, FL 32259

SUBJECT: ALL-IN-TEAS LLC
Ref. Number: L22000129290

RECEIVED
2023 APR 19 PM 12:10
DIVISION OF CORPORATIONS
COMMERCIAL
SERVICES

We have received your document for ALL-IN-TEAS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 523A00007953

**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: All In Tears, LLC

2. (a) 328 Antila Way Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

St Johns, FL 32259

(b) 328 Antila Way Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

St Johns, FL 32259

3. Date of filing/registration in Florida

4. Document number

5. (a) Business Filings, Inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1200 South Pine Island Road
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Plantation, FL 32264

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

328 Antila Way
NEW Registered Office Address:

St Johns, FL 32259

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

Carlos de la Fuente
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

FILED
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TALLAHASSEE, FL
DEPT. OF STATE