

h22000183462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

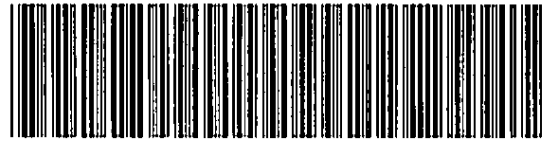
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700389912807

00 20 2 11 01019-010 11 20 00

FILED
2022 JUN 27 PM 2:05
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT
STATE OF FLORIDA

SEP 20 2022

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OLD TOWN CLASSICS, 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:

RENATO B BIANCO

Name of Person

Firm/Company

3427 RECKER HWY

Address

WINTER HAVEN FL 33880

City/State and Zip Code

OTCLASSICS@HOTMAIL.COM

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

For further information concerning this matter, please call:

RENATO B BIANCO

Name of Person

863 875-5200
at ()

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: OLD TOWN CLASSICS, LLC
2. (a) 3427 RECKER HWY
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
WINTER HAVEN, FL 33880
- (b) 3427 RECKER HWAY
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
WINTER HAVEN, FL 33880
3. 04/18/2022
Date of filing/registration in Florida
4. L22000183462
Document number
5. (a) RENATO B BIANCO
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
RENATO B BIANCO
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
332 PINE CONE DR
DEVENPORT, FL 33897
- (b) RHUPPERT G TOLEDO-ALVES
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
RHUPPERT G TOLEDO-ALVES
NEW Registered Office Address:
4118 WELLINGTON WOODS CIR APT#103
KISSIMMEE, FL 34741

FILED
2022 JUN 27 PM 2:05
TALLAHASSEE, FLORIDA

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.

Renato Bianco
Signature of a member or authorized representative of a member

RENATO B BIANCO
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.

Renato Bianco
Signature of Registered Agent