

L22000185495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

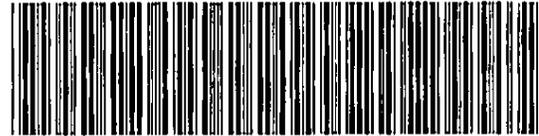
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CATHERINE BURKE, 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:

CATHERINE BURKE
Name of Person

CATHERINE BURKE, LLC
Firm/Company

1830 EMBASSY DR 608
Address

WEST PALM BEACH, FL 33401
City/State and Zip Code

cfburke1@outlook.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CATHERINE BURKE at (240) 313-8108
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: CATHERINE BURKE, LLC

2. (a) 3824 SW 14th AVE

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

CAPE CORAL, FL 33914

(b) 5257 BUCKEYSTOWN PK 493

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

FREDERICK MD 21704

3. 4/19/2022
Date of filing/registration in Florida

4. L22000185495
Document number

5. (a) ROBERT BURKE
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3824 SW 14th AVE, CAPE CORAL, FL 33914
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

_____, FL _____

2022 Sep 29 P.M. 1:18

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

1830 EMBASSY DR #608
NEW Registered Office Address

WEST PALM BEACH, FL 33401

_____, 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.

Catherine Burke
Signature of a member or authorized representative of a member

CATHERINE BURKE
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.

Catherine Burke
Signature of Registered Agent