

L22000188639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

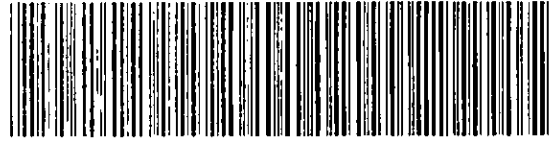
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ALLAHSEE, LLC

2022 AUG 12 PM 12:57

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2022 AUG 12 AM 10:43

FILED

A. RAMSEY

AUG 15 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Miracle Movers of Brevard, 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:

Jeanie Bieker

Name of Person

Cape Fear Professional Services, LLC

Firm/Company

265 Racine Drive, Suite 201

Address

Wilmington, NC 28403

City/State and Zip Code

capefearprofessional@gmail.com

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

For further information concerning this matter, please call:

Jeanie Bieker at (910) 616-7520

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: Miracle Movers of Brevard LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

2350 Pineapple Place

Merritt Island, FL 32952

4/20/2022

L22000188639

3. Date of filing/registration in Florida

4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Christopher Wilhoit

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5228 US 421 North

Wilmington, FL 28401

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Christopher Wilhoit

NEW Registered Office Address:

2350 Pineapple Place

Merritt Island, FL 32952

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.

Jeannie Bieker

Signature of a member or authorized representative of a member

Jeannie Bieker

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.

Jeannie Bieker
Signature of Registered Agent