

122000194465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

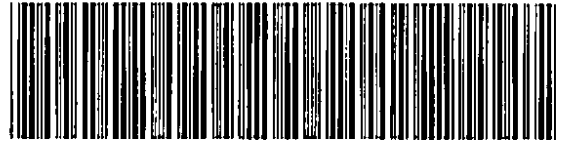
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Division of Court Services

COVER LETTER

TO: Registration Section
Division of Corporations

LDRSHIP ENTERPRISES LLC

SUBJECT: _____
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:

Colin Heaney

Name of Person

LDRSHIP ENTERPRISES LLC

Firm/Company

401 E Las Olas BLVD
Suite 130-150

Address

Fort Lauderdale, Florida 33301

City/State and Zip Code

colinheaneyllc@gmail.com

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

For further information concerning this matter, please call:

Colin Heaney 315 935-3708

Name of Person 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

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DIVISION OF CORPORATIONS

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.

LDRSHIP ENTERPRISES LLC

1. Name of the limited liability company: _____

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

401 E Las Olas BLVD

Suite 130-150

Fort Lauderdale, FL, 33301

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

401 E Las Olas BLVD

Suite 130-150

Fort Lauderdale, FL, 33301

4/25/2022

122000194465

3. Date of filing/registration in Florida 4. Document number

Colin Heaney

5. (a) _____

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

Colin Heaney

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

416 SW 1ST AVE

APT 1608

Fort Lauderdale

33301

, FL

Colin Heaney

(b) _____

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

Colin Heaney

NEW Registered Office Address:

401 E Las Olas BLVD

Suite 130-150

Fort Lauderdale

33301

, 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.

Colin Heaney

Signature of a member or authorized representative of a member

Colin Heaney

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.

Colin Heaney

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

22 AUG 29 PM 4:29
DIVISION OF CORPORATIONS