

h22000200670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

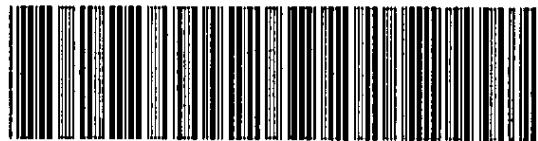
(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NORTH TEXAS WEATHER CENTER 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:

Maxwell Schuster

Name of Person

NORTH TEXAS WEATHER CENTER LLC

**Firm/Company**

2233 SE Montrose Lane

### Address

Port St. Lucie, Fl., 34952

City/State and Zip Code

dentoncountyweather@gmail.com

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

For further information concerning this matter, please call:

Maxwell Schuster at (603) 489-7774  
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

□ S55 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:	NORTH TEXAS WEATHER CENTER LLC	
2. (a) Maxwell Schuster	Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i>	(b) Maxwell Schuster Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>
	2233 SE Montrose Lane	3100 SE Federal Highway #1008
	Port St. Lucie, FL, 34952	Stuart, FL, 34994
	04/27/2022	L22000200670
3.	Date of filing/registration in Florida	4. Document number
5. (a) Maxwell Schuster	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Maxwell Schuster	
	Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i>	
	2233 SE Montrose Lane	
	Port St. Lucie	34952
(b) Maxwell Schuster	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
	Maxwell Schuster	
	<u>NEW</u> Registered Office Address:	
	3100 SE Federal Highway #1008	
	Stuart	34994

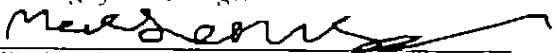
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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.

Maxwell Schuster

\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
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.*



\_\_\_\_\_  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00