

L22 000 214 999

(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



800395269938

10/07/22--01010--025 \*\*25.00

FILED  
2022 OCT -7 AM 8:27  
CLERK OF STATE  
TALLAHASSEE, FL.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** C&S Investments of West Palm Beach 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:

Kevin F. Richardson

Name of Person

Clyatt & Richardson, P.A.

Firm/Company

1401 Forum Way, Suite 720

Address

West Palm Beach, FL 33401

City/State and Zip Code

jennifer@err-law.com

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

For further information concerning this matter, please call:

Kevin F. Richardson

at (561) 471-9600

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

**FILED**  
2022 OCT -7 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FL

# 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: C&S Investments of West Palm Beach LLC

2. (a) Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

1200 S Flagler Drive, Unit 105

West Palm Beach, FL 33401

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

225 Dupont Drive

Providence, RI 02907

05/20/2022

L22000214999

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:

Gene M. Carlino, Esquire

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2424 North Fedreal Highway, Peninsula Plaza Suite 260

Boca Raton, FL 33431

(b) Kevin F. Richardson, Esq.

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

NEW Registered Office Address:

1401 Forum Way, Suite 720

West Palm Beach, FL 33401

FILED  
2022 OCT -7 AM 8:27  
CLERK OF STATE  
TALLAHASSEE, 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.

Joseph R. Esposito

Signature of a member or authorized representative of a member

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.*

Signature of Registered Agent

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

FILING FEE: \$25.00