

L220000233322

(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



300391806633

FILED 2022 AUG 10 PM 3:25

SEALY
TALLAHASSEE, FL

2022 AUG 10 PM 3:25

FILED

COVER LETTER

TO: Registration Section,
Division of Corporations

SUBJECT: AFRASAN LAW PLLC

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:

Tyrone Afrasan Adams

Name of Person

Afrasan Law PLLC

Firm/Company

122 E Main St

Address

Lakeland, FL 33801

City/State and Zip Code

justice@afrasan.law

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

For further information concerning this matter, please call:

Tyrone Afrasan Adams

at (407)

902-9147

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: AFRASAN LAW PLLC

2. (a) 122 E Main St, Lakeland, FL 33801 (b) 122 E Main St, Lakeland, FL 33801
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 05/18/2022 - effective 05/15/2022 4. 1.22000233322
Date of filing/registration in Florida Document number

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

ADAMS, TYRONE AFRASAN

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

410 S WARE BLVD, Suite 800

Tampa, FL 33619

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

ADAMS, TYRONE AFRASAN

NEW Registered Office Address:

122 E MAIN ST

LAKELAND, FL 33801

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.

Tyrone Afrasan Adams
Signature of a member or authorized representative of a member

Tyrone Afrasan Adams

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.

Tyrone Afrasan Adams
Signature of Registered Agent

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

FILED
2022 AUG 10 PM 3:25
TALLAHASSEE, FL
SECRETARY OF STATE