

h27 000 241 309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

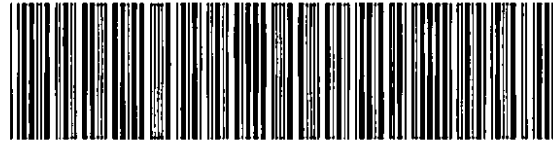
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 3D Plant Company L.L.C.  
Name of Limited Liability Company

Dear Sir or Madam: Ms. COLLIGAN

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

paid \$35.00  
cashied July 22, 2022  
# 952

Please return all correspondence concerning this matter to the following:

Dean Schiappa  
Name of Person

3D Plant Company L.L.C.  
Firm/Company

PO Box 456  
Address

Interlachen FL 32148  
City/State and Zip Code

deanschiappa@verizon.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dean Schiappa at (845) 594 2464  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 1, 2022

DEAN SCHIAPPA  
138 CHESTNUT STREET  
INTERLACHEN, FL 32148

SUBJECT: 3D PLANT COMPANY L.L.C.  
Ref. Number: L22000241308

We have received your document for 3D PLANT COMPANY L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 322A00023008

**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: 3D Plant Company L.L.C.
2. (a) 138 Chestnut Street (b) PO Box 456  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
Interlachen FL 32148 Interlachen FL 32148

3. 6/13/2022 Date of filing/registration in Florida 4. L22000241308 Document number

5. (a) LegalZoom.com 7083 Hollywood Blvd suite 180  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Los Angeles, CA 90028  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

138 Chestnut Street  
Interlachen FL 32148

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

**NEW Registered Office Address:**

138 Chestnut Street  
Interlachen FL 32148

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.

Dean Schiappa  
Signature of a member or authorized representative of a member

DEAN SCHIAPPA  
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.

Dean Schiappa  
Signature of Registered Agent

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TALLAHASSEE, FL