

L22000320638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

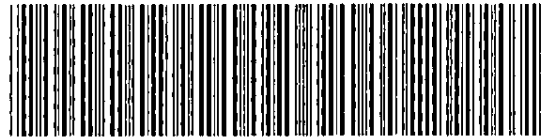
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

Sundrop Aesthetics, 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:

Justin Schaefer, CPA

Name of Person

Parlade Schaefer Schortz CPAs PA

Firm/Company

201 W Marion Ave #1204

Address

Punta Gorda, FL 33950

City/State and Zip Code

Justin@PSSCPAS.com

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

For further information concerning this matter, please call:

Kelly Wesolowski, APRN, FNP-BC, CANS

267

718-9100

at ()

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.

Sundrop Aesthetics, LLC	
1. Name of the limited liability company: _____	13848 Tilden Rd, suite 218, Winter Garden, FL 34787
2. (a) _____	(b) _____
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
_____	_____
_____	_____
07/19/2022	L22000320638
3. Date of filing/registration in Florida	4. Document number
ZEN business	
5. (a) _____	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 336 E. COLLEGE AVE. SUITE 301	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
Tallahassee	32301
_____ FL _____	
Parlade Schaefer Schortz CPAs PA	
(b) _____	
Enter name of NEW Registered Agent and/or NEW Registered Office address :	
201 W Marion Ave #1204	
NEW Registered Office Address :	

Punta Gorda	33950
_____ FL _____	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

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