

L22000354784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

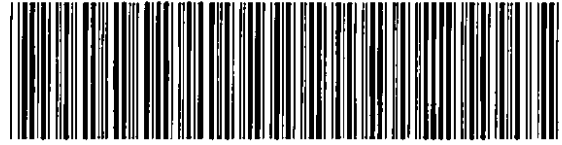
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2023 NOV -6 AM 8:21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Verta 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:

Michael Verta

Name of Person

Verta LLC

Firm/Company

7901 4th St N STE 300

Address

St. Petersburg, FL 33702

City/State and Zip Code

mike@mikeverta.com

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

For further information concerning this matter, please call:

Laura Beth Verta, AP

Name of Person

at (323) 3947491

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

October 16, 2023

MICHAEL VERTA
7901 4TH ST N
STE 300
ST PETERSBURG, FL 33702

SUBJECT: VERTA, LLC
Ref. Number: L22000354784

We have received your document for VERTA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

5 (a) must list the current Registered Agent and address.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 423A00023912

**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: Verta LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

7901 4th St N STE 300

7901 4th St N STE 300

St. Petersburg, FL 33702

St. Petersburg, FL 33702

08/11/22

L22000354784

3. Date of filing/registration in Florida 4. Document number

5. (a) Mike Verta 10000 SPRING LAKE DR
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

(Michael Verta) CLEMONT FL 34711

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7901 4th St N STE 300

St. Petersburg, FL 33702

(b) Registered Agents Inc.

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

Registered Agents Inc

NEW Registered Office Address:

7901 4th St N STE 300

St. Petersburg, FL 33702

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 of the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Michael Verta

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.

David Roberts

David Roberts

- Assistant Secretary

Signature of Registered Agent

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