

L22 000 399 771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

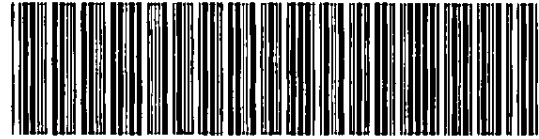
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/02/22--01008--017 **25.00

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2022 NOV -2 PM 3:32

SECRETARY OF STATE
TALLAHASSEE, FL

11/30/2023

1. 2

Frosty Oasis

[illegible]

Adam:

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

all correspondence concerning this matter to the following:

Name of Person

Firm/Company	Country	Year	Sample Size	Method	Findings
...

Address

41.34216

City/State and Zip Code

yahoo.com

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

Information concerning this matter, please call:

231

231 722-8100

_____ at (_____)

Name of Person

[illegible]

ling Address:

Administration Section
Division of Corporations
Box 6327
Tallahassee, FL 32314

ling Address: **Street Address:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
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closed is a check for the following amount:

25 Filing Fee

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.

Frosty Oasis <u>LLC</u>	
1. Name of the limited liability company: _____ 5602 Marina Drive Holmes Beach, FL 34217	PO Box 2 Anna Maria, FL 34216
2. (a) _____ Principal office address of limited liability company: (Note: <u>MUST BE STREET ADDRESS</u>)	(b) _____ Mailing address of limited liability company: (Note: <u>MAY BE POST OFFICE BOX</u>)
_____	_____
_____	_____
9/13/22	1.22000399771
3. _____ Date of filing/registration in Florida United States Corporation Agents, Inc.	4. _____ Document number
5. (a) _____ Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 5575 S. Semoran Blvd. Suite 36	
Registered Office Address <u>(MUST BE FLORIDA STREET ADDRESS)</u>	
Orlando, FL 32822	
Joseph Lalonde	
(b) _____ Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :	
5602 Marina Dr. Suite C	
<u>NEW Registered Office Address</u> :	

Holmes Beach, FL 34216	

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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 Lalonde

Signature of a member or authorized representative of a member

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.

Signature of Registered Agent