L22000401555

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2023 SEP -5 PM 12: 39
SECRETARY OF STATE
ALLAHASSEF, FLORIDA

	COVER	LETTER					
TO: Registration Section Division of Corporations							
CHAD BARENTS REALTY, LLC							
	Name of Limited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Of	ffice Change and	d fee(s) are submitted for filing.					
Please return all correspondence concerning the	his matter to the	e following:					
Chad Barents							
Name of Person							
Firm/Company							
1349 Moscato Dr							
Address							
Titusville, FL 32780							
City/State and Zip Code							
chadbarents@gmail.com							
E-mail address: (to be used for future an	inual report noti	fication)					
For further information concerning this matter	r, please call:						
Chad Barents	720 at (323-1226					
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 followin	g amount:						
■ \$25 Filling Fee		\$55 Filing Fee & Certified Copy					



August 17, 2023

CHAD BARENTS 1349 MOSCATO DRIVE TITUSVILLE, FL 32780

SUBJECT: CHAD BARENTS REALTY, LLC

Ref. Number: L22000401555

We have received your document for CHAD BARENTS REALTY, 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):

The document must be signed by a member or an authorized representative of a member.

The registered agent must sign accepting the designation.

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

Letter Number: 723A00018940

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

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.

(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)	
	1349 MOSCATO DR.	1349 MC			DSCATO DR.	
	TITUSVILLE, FL 32780		TITUSVILLE, FL 32780			
	09/14/2022		L22000401555			
(a)	Date of filing/registration in Florida REGISTERED AGENTS INC.	4.		-	Document number	
(**)	Registered Agent and Registered Office shown on the records of t REGISTERED AGENTS INC.	he Flori	da I	Dept. of St	nte:	
	Registered Office Address (MUST BE FLORIDA STREET A 7901 4TH ST N STE 300	DDRE.	<u>SS)</u>		_	
(b)	ST Petersburg , FL	33702			FIL 2023 SEP -5 SECHTARY ALLAHASSEE	
	Chad Barents			FILE SEP-5 PM GIARY OF A HASSEE, FI		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :					
	Chad Barents					
	NEW Registered Office Address:				39 10 _A	
	1349 Moscato Dr.			 ,		
	Titusville, FL	32780			_	
nange gent v as/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe bility of the li	rec con mit	l office a ipany, it ed liabil	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
(Ch	ad	Barents		
-	ture of a member or authorized representative of a member			.1 *	Printed or typed name of signee	
here ovisi e obl	by accept the appointment as registered agent and agroons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I h	ee to a perform for in ereby	ct i nar Cl cor	n this cap ice of my napter 60 ifirm tha	pacity. I further agree to comply with the duties, and I am familiar with and acce)5, F.S. Or, if this document is being file t the limited liability company has been	

Signature of Registered Agent