

# L22000433133

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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COVER LETTER

Registration Section  
Division of Corporations

SUBJECT: HEAVENLY'S RETREAT, 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:

LINDA SAMUELS  
Name of Person

HEAVENLY'S RETREAT, LLC  
Firm/Company

854 PARADISE ISLAND BLVD #4711  
Address

JACKSONVILLE, FL 32256  
City/State and Zip Code

linda.samuels43@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LINDA SAMUELS at ( 904 ) 200-1845  
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**

*In accordance with 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.*

Name of the limited liability company: HEAVENLY'S RETREAT, LLC

(a) 7845 PARADISE ISLAND DR (b) SAME AS (a)

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

APT # 4711  
JACKSONVILLE, FL 32256

10/7/2022  
Date of filing/registration in Florida

4.

L22000433133  
Document number

(a) ING AUTHORITY  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

390 NORTH ORANGE AVE  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

STE 2300-N  
ORLANDO, FL 32801

(b) LINDA SAMUELS  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

7845 PARADISE ISLAND DR  
NEW Registered Office Address:

APT. # 4711  
JACKSONVILLE, FL 32256

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]  
Signature of a member or authorized representative of a member

LINDA SAMUELS  
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  
merely to 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]  
Signature of Registered Agent