

L220000475965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

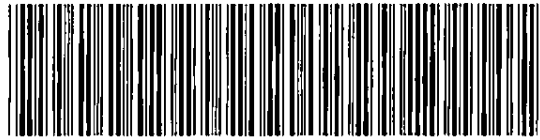
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2023 NOV 13 AM 11:42
SECRETARY OF STATE
RECEIVED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAVES ATM Solutions 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:

DAVID M SHATRAW
Name of Person

DAVES ATM SOLUTIONS
Firm/Company

7812 SHEPPARD LN
Address

ZEPHYRHILLS FL 33540
City/State and Zip Code

dshatraw63@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID M SHATRAW at (813) 377-7868
Name of Person 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

Sent out
11-9-2023
To Remove Northwest
Registry

**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: DAVES ATM Solutions LLC

2. (a) DAVES ATM Solutions (b) DAVES ATM Solutions

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

7812 Sheppard Ln

Zephyrhills FL 33540

7812 Sheppard Ln

Zephyrhills FL 33540

3. Nov 7 2022
Date of filing/registration in Florida

4. 122000475965
Document number

5. (a) Northwest Registered Agent LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7901 4th north Suite 300
St. Petersburg FL 33702

(b) DAVID M Shatraw
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

DAVID M Shatraw
NEW Registered Office Address:

7812 Sheppard Ln

Zephyrhills FL 33540

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

DAVID M Shatraw
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]
Signature of Registered Agent

FILED
2023 NOV 13 AM 11:42
SECRETARY OF STATE
DIVISION OF CORPORATIONS