

From Advocate Consulting

1/19/23, 10:55 AM

2014-01-19 15:59:10 GMT 16184256350
L22000481305
Division of Corporations

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000023113 3)))



H2300002311334B0P

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ADVOCATE CONSULTING LEGAL GROUP, PLLC
Account Number : I20090000001
Phone : (239)213-0066
Fax Number : (239)213-0698

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: erinm@advocatetax.com

2022 JAN 19 AM 11:27

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-22-2011 BY 60322
UCBAW

2023 年 1 月 5 日

LLC REGISTERED AGENT CHANGE
ERGON MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

JAN 20 2023
A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: 6CA089AB-C375-4A98-8079-66E343785F35

(((H23000023113 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ergon Management, 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:

Erin Meyer

Name of Person

Advocate Consulting Legal Group, LLC

Firm/Company

3555 Kraft Road, STE 240

Address

Naples, FL 34105

City/State and Zip Code

rickyrer@aol.com

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

For further information concerning this matter, please call:

Erin Meyer

at (239)

213-0066

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

DocuSign Envelope ID: 0CA089AB-C376-4A98-8079-66E34378BF35

(((H23000023113 3)))

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: Ergon Management, LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

17888 67th Court North

Loxahatchee, FL 33470

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

17888 67th Court North

Loxahatchee, FL 33470

11/09/2022

Loxahatchee, FL 33470

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

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

Richard Morgan

Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)

5647 110th Ave. N

Royal Palm Beach, FL 33411

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

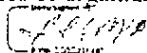
Richard Morgan

NEW Registered Office Address:

17888 67th Court North

Loxahatchee, FL 33470

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.

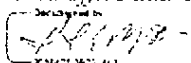


Signature of a member or authorized representative of a member

Richard Morgan

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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
JAN 19 2023
TALLAHASSEE, FL
2022 JAN 19 AM 11:27