

L 23000033718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

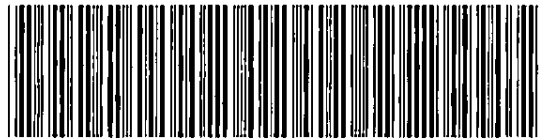
(Document Number)

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FILE

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMPROHOUSE 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:

Tomas Gonzalez Villegas

Name of Person

Tomas Gonzalez

Firm/Company

1954 Deerfield dr

Address

Lakeland Florida 33813

City/State and Zip Code

admin@impro.house

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

For further information concerning this matter, please call:

Tomas Gonzalez

at (863) 2820610

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

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: IMPROHOUSE

2. (a) 1951 Deerfield dr (b) 1954 Deerfield dr

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Lakeland Florida 33813

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Lakeland Florida 33813

01/18/2023

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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:

REPUBLIC REGISTERED AGENT LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1150 NW 72ND AVE TOWER 1STE 455

MIAMI

FL 33126

(b) TOMAS GONZALEZ

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

1951 DEERFIELD DR

LAKELAND

FL 33813

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.

TOMAS GONZALEZ

Signature of a member or authorized representative of a member

Printed or typed name of signer

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.

Tomas Gonzalez
Signature of Registered Agent

FILED
2024 FEB 21 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2024

TOMAS GONZALEZ VILLEGAS
1954 DEERFIELD DR
LAKELAND, FL 33813

SUBJECT: IMPROHOUSE LLC
Ref. Number: L23000033718

We have received your document for IMPROHOUSE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 824A00002931