

L23000 175 383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

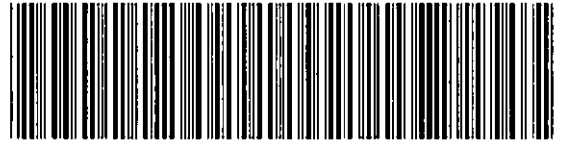
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL
2024 JUL 12 PM 4:25

COVER LETTER

TO: Registration Section
Division of Corporations

THE CODE HT, LLC

SUBJECT: _____
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:

GAELE GUSTAVE ROY

Name of Person

The Code HT, LLC

Firm/Company

6557 GULF GATE PLACE#268

Address

SARASOTA, FL. 34231

City/State and Zip Code

gaelle.roy10@gmail.com

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

For further information concerning this matter, please call:

gaelle.roy10@gmail.com

786

253-5679

at ()

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

2024 JUL 12 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FL

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.

THE CODE HT, LLC

1. Name of the limited liability company: 6557 GULF GATE PLACE#268
2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
SARASOTA, FL 34231
- (b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
SARASOTA, FL 34231
- 04/10/2023 L23000175383

3. Date of filing/registration in Florida IASSISTU123, LLC
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
8958 W STATE ROAD 84

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
#1190

Fort Lauderdale 33324
, FL

GAELE GUSTAVE ROY

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

6557 GULF GATE PLACE

NEW Registered Office Address:
#268

Sarasota 34231
, FL

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.

GAELE GUSTAVE ROY

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