

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L23000245772**

**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.**

(((H23000241263 3)))



H230002412633ABCX

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To:

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

From:

Account Name : INCFILE.COM LLC  
Account Number : I20220000070  
Phone : (888)462-3453  
Fax Number : (877)919-2613

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

Email Address: EFILE1234@INCFILE.COM

RECEIVED  
2023 JUL 11 AM 10:16  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE  
STR DEVELOPMENT LLC**

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

APPROVED  
AND  
FILED  
2023 JUL 11 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(((H23000241263 3)))

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STR DEVELOPMENT 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:

LOVETTE DOBSON

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

17350 STATE HWY 249 #220

\_\_\_\_\_  
Address

HOUSTON TX 77064

\_\_\_\_\_  
City/State and Zip Code

EFILE1234@INCFILE.COM

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

For further information concerning this matter, please call:

LOVETTE DOBSON

8884623453

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
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

(((H23000241263 3)))

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, STR DEVELOPMENT LLC

2. (a) 707 N. FRANKLIN ST (b) 707 N. FRANKLIN ST

Principal office address of limited liability company

Mailing address of limited liability company.

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

UNIT 3

UNIT 3

TAMPA, FL 33602

TAMPA, FL 33602

05/18/2023

1,230,002,45772

3 Date of filing/registration in Florida

4 Document number

5 (a) MADAN, SAMIR

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

707 N. FRANKLIN ST

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

UNIT 3

TAMPA, FL 33602

(b) Sami Cigeroglu

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

7001 Interbay Blvd

NEW Registered Office Address

#217

Tampa, FL 33616

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TALLAHASSEE, FL 09007

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.

Sami Cigeroglu

Sami Cigeroglu

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.

Sami Cigeroglu

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00