

L23000292583

VIA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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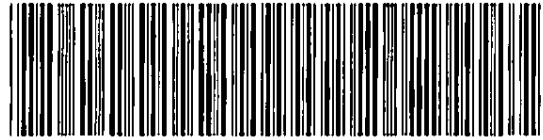
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sanctuary Asheville NC, 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:

Barbara G. Salk

Name of Person

Firm/Company

1911 Collins Avenue, Suite 2606

Address

Sunny Isles Beach, FL 33160

City/State and Zip Code

Barbara@Bsmartdevelopment.com

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

For further information concerning this matter, please call:

Barbara G. Salk

Name of Person

at ( 786 ) 367-5323

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: Sanctuary Asheville NC, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

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

2810 Remington Green Circle

Tallahassee, FL 32308

Mailing address of limited liability company:

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

Same as principal office address

June 16, 2023

L23000292583

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

5. (a) Barbara G. Salk

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

130-1 Saddlenotch Lane #177

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Tuckasegee, NC 28783

\_\_\_\_\_, FL \_\_\_\_\_

(b) Barbara G. Salk

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

19111 Collins Avenue

**NEW Registered Office Address:**

Suite 2606

Sunny

Sunny Isles Beach

33160

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.

Barbara G. Salk  
Signature of a member or authorized representative of a member

Barbara G. Salk  
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.*

Barbara G. Salk  
Signature of Registered Agent

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

FILING FEE: \$25.00