

L23000294429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAYLOR TONES 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:

Taylor Rea Gonzalez
Name of Person

TAYLOR TONES
Firm/Company

15041 Shamrock Dr.
Address

Fort Myers, FL 33912
City/State and Zip Code

Taylortonesmusica@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Taylor Rea Gonzalez at (832) 790-7894
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: Taylor Tones LLC

2. (a) 15041 Shamrock Dr. (b) _____

Principal office address of limited liability company:

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

Fort Myers, FL 33912

Mailing address of limited liability company:

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

15041 Shamrock Dr.

Fort Myers, FL 33912

3. June 19, 2023 4. L23000294429
Date of filing/registration in Florida Document number

5. (a) UNITED STATES CORPORATIONS AGENTS INC.

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

470 RIVERSIDE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

470 RIVERSIDE AVE

JACKSONVILLE, FL 32202

(b) _____

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

Taylor Rea Gonzalez

NEW Registered Office Address:

15041 Shamrock Dr

Fort Myers, FL 33912

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.

Taylor Rea Gonzalez
Signature of a member or authorized representative of a member

Taylor Rea Gonzalez
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.

Taylor Rea Gonzalez
Signature of Registered Agent

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

FILING FEE: \$25.00