

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L230003930363

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.

((H230003930363))



H230003930363ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

FILED
2023 NOV 14 PM 4:19
TALLAHASSEE, FLORIDA

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

LLC REGISTERED AGENT CHANGE
PLOUCHER ENTERPRISE LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

NOV 15 2023

COVER LETTER

((H23000393036 3)))

TO: Registration Section
Division of Corporations

SUBJECT: PLOUCHER ENTERPRISE 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 STE 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 at () 888-462-3453
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 (((H23000393036 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: PLOUCHER ENTERPRISE LLC
2. (a) 7203 NORTH MOBLEY RD (b) 808 N FRANKLIN ST UNIT 2011

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

ODESSA, FL 33556

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

TAMPA, FL 33602

06/23/2023

L23000302835

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

5. (a) REPUBLIC REGISTERED AGENT LLC

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

1150 NW 72ND AVE TOWER I

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

STE 455

MIAMI, FL 33126

- (b) Kyle Ploucher

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

7203 N Mobley Rd

NEW Registered Office Address:

Odessa, FL 33556

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.

Kyle Ploucher

Signature of a member or authorized representative of a member

Kyle Ploucher

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.

Kyle Ploucher

Signature of Registered Agent

(((H23000393036 3)))

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

FILING FEE: \$25.00

FILED
 2023 NOV 14 PM 4:20
 SECURITIES DIVISION
 TALLAHASSEE, FLORIDA