

L23000305707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

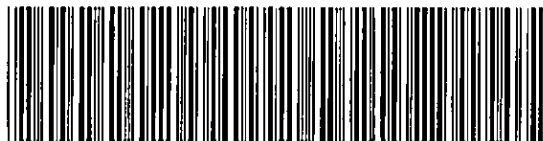
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W. N. H. form RA sign a/ue
Office Use Only



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S. PRATHEP



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2024

SERENE SEASONS LLC
JENNIFER RAVAIGH-HOOPER
1809 E. BROADWAY ST, STE 111
OVIEDO, FL 32765

SUBJECT: SERENE SEASONS LLC
Ref. Number: L23000305707

We have received your document for SERENE SEASONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

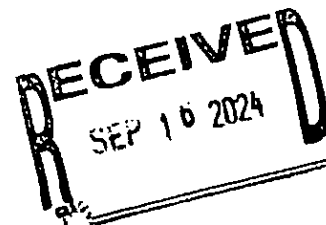
The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 124A00015785



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Serene Seasons 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:

Jennifer Raraigh-Hopper
Name of Person

Serene Seasons LLC
Firm/Company

1809 E. Broadway St., # 111
Address

Oviedo, FL 32765
City/State and Zip Code

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

For further information concerning this matter, please call:

Jennifer Raraigh-Hopper at (407) 600-3836
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

* Already paid \$35

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: Serene Seasons LLC
2. (a) 1809 E. Broadway St. 1809 E. Broadway 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)
- # 111 # 111
Oviedo, FL 32765 Oviedo, FL 32765
- 6/26/2023 L23000305707
3. Date of filing/registration in Florida 4. Document number
5. (a) Zen Business Inc.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
336 E. College Ave.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Ste. 301
Tallahassee, FL 32301
- (b) Registered Agents Inc.
Enter name of NEW Registered Agent and/or NEW Registered Office address:
7901, 4th St. N., Ste. 300
NEW Registered Office Address:
St. Petersburg, FL 33702

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.

Signature of a member or authorized representative of a member

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.

David Roberts
Signature of Registered Agent

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