

L23000341998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

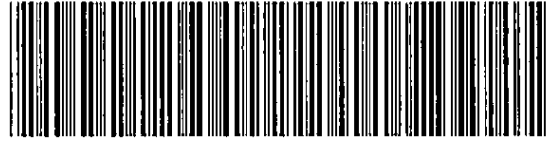
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

2024 NOV -8 PM 2:47

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CONNAR SPARKS SERVICES 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:

CONNAR SPARKS

Name of Person

CONNAR SPARKS SERVICES LLC

Firm/Company

903 67TH AVE TERRACE WEST

Address

BRADENTON FLORIDA 34207

City/State and Zip Code

CSPARKSSERVICES@GMAIL.COM

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

For further information concerning this matter, please call:

APRIL SCHUBECK (FIANCE)

727 308-8313
at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2024

CONNAR SPARKS
903 67TH AVE TERRACE WEST
BRADENTON, FL 34207

SUBJECT: CONNAR SPARKS SERVICES LLC
Ref. Number: L23000341998

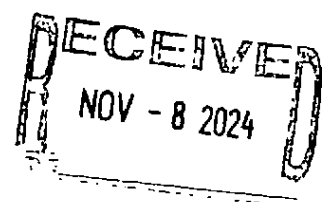
We have received your document for CONNAR SPARKS SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 524A00017372



**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: CONNAR SPARKS SERVICES LLC

2. (a) 210 Stephens rd Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

WACHULA FL 33873

(b) 210 Stephens rd Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

WACHULA FL 33873

3. 7.25.24 / 11.4.24 Date of filing/registration in Florida

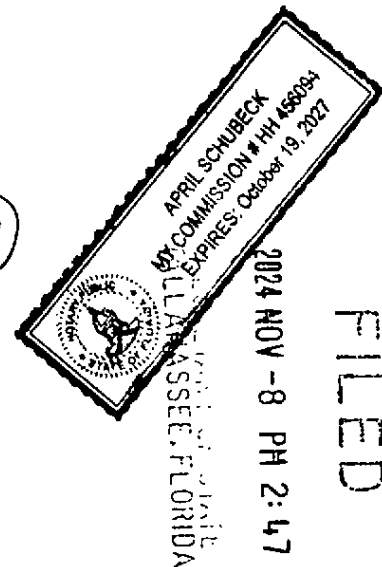
4. 23000341998 Document number

5. (a) UNITED STATES CORPORATION AGENTS INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
476 RIVERSIDE AVE
JACKSONVILLE, FL 32202

(b) CONNAR SPARKS SERVICES LLC Connar Sparks
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
210 Stephens rd
WACHULA, FL 33873



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.

Connar Sparks
Signature of a member or authorized representative of a member

CONNAR SPARKS
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.

Connar Sparks
Signature of Registered Agent