

L23000358950

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(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER.

TO: Registration Section
Division of Corporations

SUBJECT: Sarah Davis Music 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:

Sarah Davis

Name of Person

Sarah Davis Music LLC

Firm/Company

1610 Osborne Cir

Address

Lake Worth, FL 33461

City/State and Zip Code

sarah@sarahdavismusic.com

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

For further information concerning this matter, please call:

Sarah Davis

561

7791745

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

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.

2. (a) 1610 Osborne Cir, Lake Worth, FL 33461 (b) 1610 Osborne Cir, Lake Worth, FL 33461
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3.	August 1, 2023	4.	L23000358950
	Date of filing/registration in Florida		Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Sarah Rogers

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1610 Osborne Cir
Lake Worth, FL 33461

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

Sarah Davis

NEW Registered Office Address:

1610 Osborne Cir

Lake Worth, FL 33461

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.

the articles of organization or the operating agreement of

David Son

Signature of a member or authorized representative of a member

Sarah Davis
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.

notified in writing of this change.

Paul Davis
Signature of Registered Agent

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