

L23000420116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

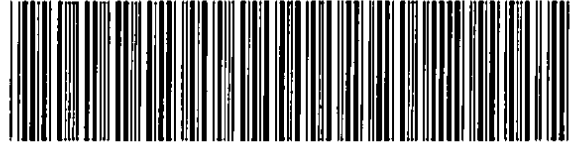
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500419499215

11/30/23--01010--009 **25.00

2023 NOV 30 AM 11:46
FBI-CA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LASHHELLS FARRIER 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:

William M. Ford, Esq.

Name of Person

The Law Office of William M. Ford, LLC.

Firm/Company

1127 Royal Palm Beach Blvd, Suite 129

Address

Royal Palm Beach, FL 33411

City State and Zip Code

WilliamFordEsq.@gmail.com

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

For further information concerning this matter, please call:

William M. Ford, Esq.

Name of Person

561
at ()

310-2358

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: LASHELLS FARRIER SERVICES, LLC

2. (a) 14801 North Rd. Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Loxahatchee, FL 33470
(b) 1127 Royal Palm Beach Blvd. Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Suite 129 Royal Palm Beach, FL 33411

3. 09/09/2023 Date of filing registration in Florida
4. L23000420116 Document number

5. (a) Wade M. Lashells Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 1127 Royal Palm Beach, Royal Palm Beach, FL 33411
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 4664 Posiden PL Lake Worth, FL 33463

(b) William M. Ford, Esq. Enter name of NEW Registered Agent and/or NEW Registered Office address: 1127 Royal Palm Beach Blvd. NEW Registered Office Address: Suite 129 Royal Palm Beach, FL 33411

FILED
2023 NOV 30 AM 11:46
TALLAHASSEE, FL
SECRETARY OF STATE

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.

Steve Lashells Signature of a member or authorized representative of a member
Steve Lashells 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.

Signature of Registered Agent