

L24000023845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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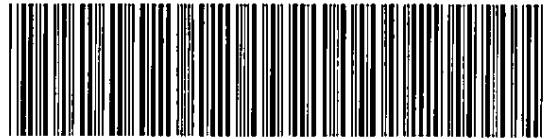
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Sivad Group, 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:

Maisha Davis  
Name of Person

The Sivad Group, LLC  
Firm/Company

1129 Moss Cove Ct  
Address

Port Charlotte, FL 33953  
City/State and Zip Code

thesivadgroup11c24@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maisha Davis at ( 678 ) 478-0287  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$55 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: The Sivad Group, LLC
2. (a) 7901 4th St N (b) 4975 City Hall Blvd  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- Ste 300 # 6715  
St. Petersburg, FL 33702 North Port, FL 34286
3. 1/10/24 4. L24000023845  
Date of filing/registration in Florida Document number
5. (a) Maisha Davis  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
1129 Moss Cove Ct  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
- Port Charlotte, FL 33953  
(b) Registered Agents Inc  
Enter name of NEW Registered Agent and/or NEW Registered Office address:  
7901 4th Street N  
NEW Registered Office Address:  
Ste 300  
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]  
Signature of a member or authorized representative of a member

Maisha Davis  
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.

David Roberts  
Signature of Registered Agent