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(Address)

(Address)

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FILED  
2024 APR -3 PM12:39  
SEC. OF STATE  
TALLAHASSEE, FL 32310

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PROLUX VAPES 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:

Michael Serrano

\_\_\_\_\_  
Name of Person

ZenBusiness Inc.

\_\_\_\_\_  
Firm/Company

336 E. College Ave. Suite 301

\_\_\_\_\_  
Address

Tallahassee, FL 32301

\_\_\_\_\_  
City/State and Zip Code

ra@zenbusiness.com

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

For further information concerning this matter, please call:

Michael Serrano

at ( 844 ) 493-6249

\_\_\_\_\_  
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

**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: PROLUX VAPES LLC

2. (a) 555 NE 8TH ST 1805 (b) 555 NE 8TH ST 1805

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

FORT LAUDERDALE, FL 33304

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

FORT LAUDERDALE, FL 33304

01/16/2024

124000031111

3. Date of filing/registration in Florida

4. Document number

5. (a) SZWARC, SAMUEL

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

555 NE 8TH ST 1805

Registered Office Address (ST BE FLORIDA STREET ADDRESS)

Fort Lauderdale, FL 33304

(b) ZenBusiness Inc

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

336 E. College Ave. Suite 301

**NEW** Registered Office Address:

Tallahassee, FL 32301

**FILED**  
2024 APR -3 PM 12:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Is/ Samuel Szwarc

Signature of a member or authorized representative of a member

Samuel Szwarc

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*

Samuel Szwarc  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00