

124000053237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

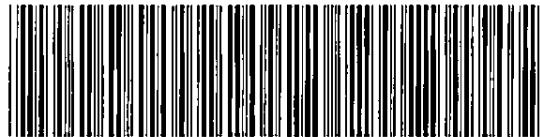
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Umls

Office Use Only



800427020378

04/05/24--01013--003 • \$5.00

SEARCHED  
SERIALIZED  
INDEXED  
FILED  
APR 9 2024  
CLERK'S OFFICE  
CITY OF NEW YORK

FILED

2024 APR -9 AM 8:11

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Drew Irvine Sober Coaching, 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:

Andrew Irvine

Name of Person

Drew Irvine Sober Coaching, LLC

Firm/Company

3920 Shore Acres Blvd NE

Address

St. Petersburg, FL 33703

City/State and Zip Code

drewirv9@gmail.com

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

For further information concerning this matter, please call:

Andrew Irvine	at (	603	) 560-7869	
				<u>Name of Person</u> <u>Area Code &amp; Daytime Telephone Number</u>

**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: Drew Irvine Sober Coaching, LLC

2. (a) Drew Irvine Sober Coaching, LLC (b) \_\_\_\_\_

Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

3920 Shore Acres Blvd NE

St. Petersburg, FL 33703

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

January 29, 2024

L24000053237

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

5. (a) Registered Agents Inc

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

David Roberts

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

7901 4th Street N., Suite 300

St. Petersburg, FL 33703

(b) Andrew Irvine

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

NEW Registered Office Address:

3920 Shore Acres Blvd NE

St. Petersburg, FL 33703

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.

Andrew Irvine

Signature of a member or authorized representative of a member

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.*

Signature of Registered Agent

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

2024 APR -9 AM 8:10  
TALLAHASSEE, FL  
FILED  
SECY OF STATE  
FLA  
TALLAHASSEE, FL  
2024 APR -9 AM 8:10  
TALLAHASSEE, FL  
FILED  
SECY OF STATE  
FLA