

L24000175718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

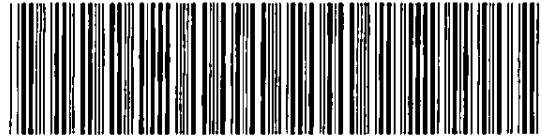
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/24/24--01023--014 **35.00

FILED
2024 NOV -8 PM 2:03
SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2024

AGNES MCGEOUGH
2160 NE DIXIE HIGHWAY
JENSEN BEACH, FL 34957

SUBJECT: SANTOCHEM LLC
Ref. Number: L24000175718

We have received your document for SANTOCHEM LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

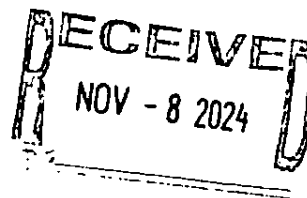
The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

SHANTELL BROWN
Regulatory Specialist II

Letter Number: 024A00022144



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANTOCHEM 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:

Agnes McGeough

Name of Person

SantoChem LLC

Firm/Company

2160 NE Dixie Highway

Address

Jensen Beach, FL 34957

City/State and Zip Code

smiao@vantage.com

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

For further information concerning this matter, please call:

Sophie Miao

267

756-1166

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

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TALLAHASSEE, FL

**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: SantoChem LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

2160 NE Dixie Highway

Jensen Beach, FL 34657

04/17/2024

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

2160 NE Dixie Highway

Jensen Beach, FL 34657

L24000175718

3.	Date of filing/registration in Florida	4.	Document number
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5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agents Inc.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

7901 4th St N, Ste 300

St Petersburg, FL 33702

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

Office Manager/ Agnes McGeough

NEW Registered Office Address:

2160 NE Dixie Highway

Jensen Beach, FL 34657

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.

Peter Murphy

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 603, 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

INHS18 (2/14)