

L24000364774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

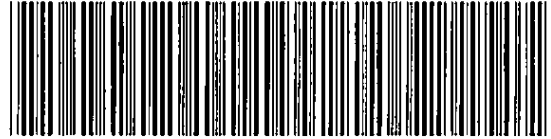
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

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OCT 23 2024

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09/13/24--01018--004 **35.00

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2024 OCT -8 PM 12:~0

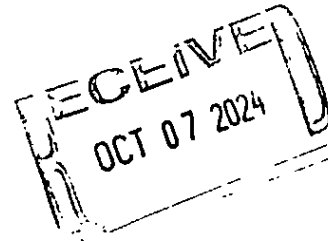


FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2024

MASON PORTER
LUTZ PLUMBING LLC
830 CANAL STREET
NEW SMYRNA BEACH, FL 32168

SUBJECT: LUTZ PLUMBING LLC
Ref. Number: L24000364774



We have received your document for LUTZ PLUMBING 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 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) 245-6000.

RUSSELL L HUNT
Regulatory Specialist III

Letter Number: 724A00021097

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lutz Plumbing 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:

Mason Porter
Name of Person

Lutz Plumbing LLC
Firm/Company

830 Canal Street
Address

New Smyrna Beach, FL 32168
City/State and Zip Code

mporter22@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mason Porter at (386) 589-9048
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: Lotz Plumbing LLC
2. (a) 830 Canal Street
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
New Smyrna Beach,
FL. 32168
- (b) 830 Canal Street
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
New Smyrna Beach,
FL. 32168

3. 8/20/2024
Date of filing/registration in Florida
4. L24000364774
Document number

5. (a) Lotz, Terry P
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

830 Canal Street
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

New Smyrna Beach, FL 32168

- (b) Porter, Mason R P
Enter name of NEW Registered Agent and/or NEW Registered Office address:

830 Canal Street
NEW Registered Office Address:

New Smyrna Beach, FL 32168

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.

Mason Porter
Signature of a member or authorized representative of a member

Mason Porter
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.

Mason Porter
Signature of Registered Agent