

# L24000376166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

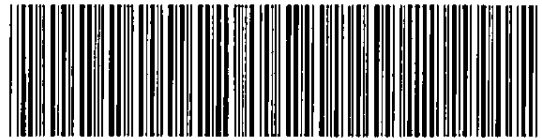
(Business Entity Name)

(Document Number)

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

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12/04/24--01009--002 \*\*25.00

CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

2024 DEC -4 PM 2:17

FILED

November 15, 2024

**Via US First Class Mail**

Florida Department of State  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: *Libertas Ventures IRA LLC***

To Whom It May Concern,

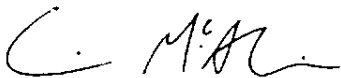
Please accept this letter as our request to file the following enclosed documents:

- 1) Florida Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for Libertas Ventures IRA LLC (2 copies)

I have enclosed check number 16295 in the amount of \$25.00 to cover the filing fee. Please file the enclosed documents as soon as possible and return a **date-stamped copy** to me in the self-addressed, stamped envelope provided.

Thank you for your attention to this matter.

Very truly yours,



Corbin McAllister, Esq.  
Associate Attorney to Andrew L. Howell

CNM/kt  
Enclosures

1

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Libertas Ventures IRA 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:

Corbin McAllister

Name of Person

York-Howell

Firm/Company

10610 South Jordan Gateway, Suite 200

Address

South Jordan, UT 84095

City/State and Zip Code

kanwal.selhi@gmail.com

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

For further information concerning this matter, please call:

Corbin McAllister

801 527-1040  
at ( )

Name of Person

Area Code &amp; 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

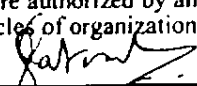
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

*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: Libertas Ventures IRA LLC
2. (a) Principal office address of limited liability company  
*(Note: MUST BE STREET ADDRESS)*  
1813 Lake Roberts Court  
Windermere, FL 34786
- (b) Mailing address of limited liability company  
*(Note: MAY BE POST OFFICE BOX)*  
1813 Lake Roberts Court  
Windermere, FL 34786
3. 08/27/2024 Date of filing/registration in Florida
4. L24000376166 Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State  
Satwalekar, Abhijit  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1813 Lake Roberts Court  
Windermere, FL 34786
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address  
Corporation Service Company  
NEW Registered Office Address:  
1201 Hays Street  
Tallahassee, FL 32301

FILED  
2024 DEC -4 PM 2:17  
TALLAHASSEE, FLORIDA  
DIVISION OF STATE

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 of a member or authorized representative of a member

ABHIJIT SATWALEKAR  
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.*

By Laurel Bielack Corporation Service Company  
Signature of Registered Agent

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