

L24000412777

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(Address)

(Address)

(City/State/Zip/Phone #)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRUSTED TRAVEL NOTARY  
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:

SHALENA PRANDERGAST  
Name of Person

TRUSTED TRAVEL NOTARY  
Firm/Company

5912 SW 129TH PLACE ROAD  
Address

OCALA, FL 34473  
City/State and Zip Code

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

For further information concerning this matter, please call:

SHALENA PRANDERGAST at ( 351 ) 745-9760  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

**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: TRUSTED TRAVEL NOTARY

2. (a) 5912 SW 129TH PLACE ROAD (b) 5912 SW 129TH PLACE ROAD  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

OCALA, FL 34473 OCALA, FL 34473

3. SEPTEMBER 23, 2024 4. L24000412777  
Date of filing/registration in Florida Document number

5. (a) SHALENA PRENDERGAST  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5912 SW 129TH PLACE RD, OCALA, FL 34473  
Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

5912 SW 129TH PLACE ROAD  
OCALA FL 34473

(b) REGISTERED AGENT INC  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

7901 4TH ST N STE 300

ST PETERSBURGH FL 33702

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]  
Signature of a member or authorized representative of a member

SHALENA PRENDERGAST  
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.

David [Signature]  
Signature of Registered Agent