

L24 000 470 120

11/19

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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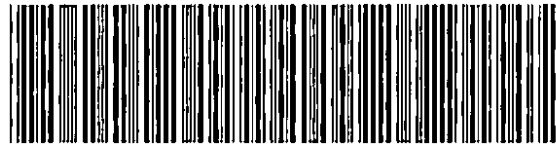
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

## COVER LETTER

**O:** Registration Section  
Division of Corporations

**SUBJECT:** EVANS HIRING PARTNERS 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:

CHRISTOPHER EVANS

\_\_\_\_\_  
Name of Person

EVANS HIRING PARTNERS LLC

\_\_\_\_\_  
Firm/Company

6401 NW 57TH WAY

\_\_\_\_\_  
Address

PARKLAND, FL 33067

\_\_\_\_\_  
City/State and Zip Code

CHRIS@CEGEENTERPRISES.COM

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

For further information concerning this matter, please call:

CHRISTOPHER EVANS

954

2048895

\_\_\_\_\_  
Name of Person

at ( )

\_\_\_\_\_  
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**

*In 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.*

Name of the limited liability company: EVANS HIRING PARTNERS LLC

(a) \_\_\_\_\_

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

7957 N UNIVERSITY DRIVE #1030

PARKLAND, FL 33067

11/05/2024

Date of filing/registration in Florida

(b) \_\_\_\_\_

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

7957 N UNIVERSITY DRIVE #1030

PARKLAND, FL 33067

1.24000470120

Document number

(a) \_\_\_\_\_

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

CEGE ENTERPRISES LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

6401 NW 57TH WAY

PARKLAND, FL 33067

(b) \_\_\_\_\_

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

REGISTERED AGENTS INC

NEW Registered Office Address:

7901 4TH STREET N STE 300

ST. PETERSBURG, FL 33702

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TALLAHASSEE, FL

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.

Christopher Evans

Signature of a member or authorized representative of a member

CHRISTOPHER EVANS

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 Roberts

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00