

L 99000001820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

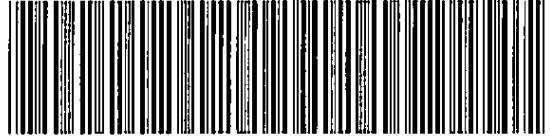
(Business Entity Name)

(Document Number)

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IS PLANT
08/07/24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Evans Holdings, 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:

Lenore T. Brakefield

Name of Person

Woodward Pires & Lombardo, PA

Firm/Company

3200 Tamiami Trail North Suite 200

Address

Naples, FL 34103

City/State and Zip Code

lbrakefield@wpl-legal.com

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

For further information concerning this matter, please call:

Lenore T. Brakefield

239
at (_____) _____

649-6555

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: Evans Holdings, LLC

2. (a) Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
12745 Livingston Road
Naples, FL 34105
03-31-1999

(b) Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
P O Box 8507
Naples, FL 34101
L99000001820

3. Date of filing/registration in Florida 4. Document number

5. (a) Mckackin, III, Esq., F. Joseph c/o Bond Shoeneck & King
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

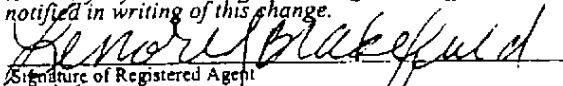
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
4001 Tamiami Trail North Suite 250
Naples, FL 34103

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
Brakefield, Lenore T. c/o Woodward Pires & Lombardo, PA
NEW Registered Office Address:
3200 Tamiami Trail North Suite 200
Naples, FL 34103

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
Richard 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.


Signature of Registered Agent

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