

199 000000 2825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

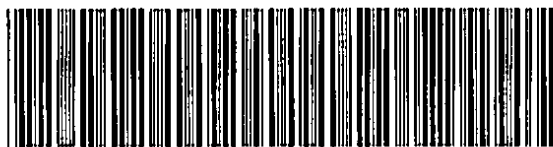
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300369359603

07/02/21--01006--028 **25.00

FILED
2021 JUL -2 AM 11:15
TALLAHASSEE, FL

JUL 26 2021
C Kinsey

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SARPI, 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:

RON WAHL

Name of Person

SARPI, LLC

Firm/Company

408 KELLY PLANTATION DR #1411

Address

DESTIN, FL 32541

City/State and Zip Code

KJEN56@AOL.COM

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

For further information concerning this matter, please call:

STAN BARBOUR

at (229)

256-9535

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: SARPJ, LLC
2. (a) ATTN: Stan Barbour
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
414 E 14th St
Tifton, GA 31794
- (b) ATTN: Stan Barbour
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
414 E 14th St
Tifton, GA 31794
3. 05/17/1999 Date of filing/registration in Florida
4. L99000002825 Document number
5. (a) Ron Wahl
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Ron Wahl
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
404 Kelly Plantation Dr #605
Destin, FL 32541
- (b) Ron Wahl
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
Ron Wahl
NEW Registered Office Address:
408 Kelly Plantation Dr #1411
Destin, FL 32541

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.

Michael Wahl
Signature of a member or authorized representative of a member

Michael Wahl
Printed or typed name of signer

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.

Ron Wahl
Signature of Registered Agent

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

2021 JUL -2 AM 11:15