

M13000001063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

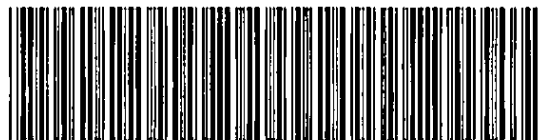
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SEP 08 2009

2009 SEP -2 PM12:15

Foreign
Award



2020 SEP -1 PM 12:15

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2020

IZABELLA GLUCHOWSKI
CHATTERBOX MBC, LLC
3803 GULF BLVD
ST PETE BEACH, FL 33706

SUBJECT: CHATTERBOX MBC, LLC
Ref. Number: M13000001063

We have received your document for CHATTERBOX MBC, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 620A00016036

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHATTERBOX MBL LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

IZABELLA GILUCHOWSKI
(Contact Person)

CHATTERBOX MBL LLC
(Firm/Company)

3803 GULF BLVD
(Address)

ST PETE BEACH FL 33706
(City/State and Zip Code)

For further information concerning this matter, please call:

IZABELLA GILUCHOWSKI at (215) 892-3524
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: _____ CHATTERBOX MBC, LLC

Enter new principal office address, if applicable: 246 75TH AVE

(Principal office address
MUST BE A STREET ADDRESS) ST PETE BEACH, FL 33706

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX) CHATTERBOX MBC, LLC
246 75TH AVE
ST PETE BEACH, FL 33706

2. The Florida document number of this limited liability company is: M13000001063

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: FEBRUARY 18 2013

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: ABRAHAM REICHBACH

New Registered Office Address: 201 HERMOSITA DR
Enter Florida Street Address

ST PETE BEACH, Florida 33706
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.


If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Remove manager, add manager

Title/Capacity Name Address Type of Action

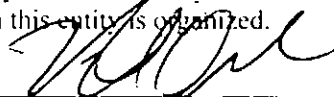
MANAGER NEIL ORKIN 3803 GULF BLVD ☐ Add

ST PETE BEACH FL 33706 ☒ Remove

MANAGER ABRAHAM REICHBAUM 201 HERMOSITA DR ☒ Add

ST PETE BEACH FL 33706 ☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

NEIL ORKIN

Typed or printed name of signee

Filing Fee: \$25.00