M15000010366

(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:				

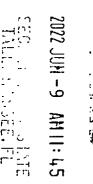
Office Use Only

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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	ECT: Muligano Vero P	Cavisition UC ability Company		
Dear S	Sir or Madam:			
The er	nclosed Registered Agent/Registered Office Change and f	ce(s) are submitted for filing.		
Please	return all correspondence concerning this matter to the fo	ollowing:		
n	Name of Person	_		
U	Juliagn's Reach House	<u>)</u>		
_1	1009 sur Collège St.	_		
7	Stuart Fl 34997 City/State and Zip Code	_		
	<u>Nulumary @amail.Cov</u> E-mail address: (to be used for future unual report notific	eation)		
For fu	rther information concerning this matter, please call:			
May Hoertz-Westby at (778) 600-7377 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



RECEIVED

2022 JUN -9 AM 11:31

FLORIDA DEPARTMENT OF STATE Division of Corporations

May 17, 2022

MARY HOERTZ-WESTBY 1609 SW COLLEGE STREET STUART, FL 34997

SUBJECT: MULLIGANS VERO ACQUISITION LLC

Ref. Number: M15000010366

We have received your document for MULLIGANS VERO ACQUISITION LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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.

Letter Number: 122A00011233

Claretha Golden Regulatory Specialist II

www.sunbiz.org

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compar submits the following statement in order to change its registered office or registered agent, or both, in the State of Floria

l. N	Tame of the limited liability company: Muliquis Ve	so Acq	visition (
	Principal office address of limited liability company: (b) 140	09 8w	College 5
	(Note: MUST BE STREET ADDRESS)	_	OST OFFICE BOX)
	Vero 1000ch. +1 ===================================	thant,	211607
	<u>5695</u>		3977/
_	1a. 29-15 m	150000	010366
3.	Date of filing/registration in Florida 4.	Document number	er .
5. (a	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	 ate:	
	17888 67th Court North		20 S.E.
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Loxabotchee	ALL	J =∷. 1022 JUN −9
	11 2 2471		· • • • • • • • • • • • • • • • • • • •
		[편] - (연 - (연 - (연	-
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		AH II: 45
	11 00 9 11 00 0 11 00 0 0 1	:	ा ८ ।
	NEW Registered Office Address:		
	Stuart	_	
	211697		
	, FL	_	
chang	limited liability company is not organized under the laws of the State of Fle or changes are made, the Florida street address of the registered office at	nd the business offi	ce of the registered
igenit	will be identical. Or, in the case of a Florida limited liability company, it	is nercoy confirmed	u that the change(s)

h 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

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 meeting the registered office address, I hereby confirm that the limited liability company has been this change

Signature of Registered Agent