M1900000 9084

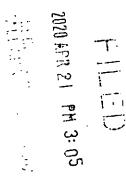
| (Requestor's Name) | |
|---|------|
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | MAIL |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of State | us |
| Special Instructions to Filing Officer: | |
| | |
| | ! |
| | |





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CC RARDICH 8

APR 2.2 2020

I ALBRITTON

COVER LETTER

| SUBJECT: Top Notch Properties, UC. | DBA Serbs Ki, UC, |
|--|--|
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Change and for | ee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the fo | ollowing: |
| 6/enn Horozewski Name of Person | _ |
| Top Notch Properties, LLC. DBAS | erbski, LLC |
| 572 W14579 Hidden Creek Ct. | _ |
| Muskego WI 53150 City/State and Zip Code | _ |
| Shorozews Ki Wwi. rr. cum E-mail address: (to be used for future annual report notific | ation) |
| For further information concerning this matter, please call: | |
| blenn Horozeuski at (262 Name of Person | 327-2348 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 |

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

□ \$25 Filing Fee

Enclosed is a check for the following amount:

Registration Section

Division of Corporations

TO:



2020 APP 21 AM 10: 55

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 19, 2020

GLENN HOROZEWSKI 572 W14579 HIDDEN CREEK CT MUSKEGO, WI 53150

SUBJECT: SERBSKI, LLC Ref. Number: M19000009084

We have received your document for SERBSKI, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 520A00006060

I tried several times to call by phone and was disconnected. We have a presence in Florida now so we no lunger want CSC to be curregistered agent. I looked unline an individual or principal associated with the business may serve as the registered agent.

www.sunbiz.org

DO DOM coop William Divisions

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.

| I. Na | ume of the limited liability company: Top Notch Properties LC dba Serbski, CC. |
|-------------------------------|--|
| 2. (a) | |
| (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 16615 Lake Circle Drive Unit 413 512 W14519 Hidden Creek CH |
| | FOH Myers FL 33908 Muskego WI 53150 |
| | 9/20/19 m19000009084 |
| 3. | Date of filing/registration in Florida 4. Document number |
| 5. (a) | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: |
| | . 1 |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) |
| | Registered Office Address (BIOST BE FLORIDA STREET ADDRESS) |
| | Tallahasree .FL 32301 |
| (b) | Susan Horozewski |
| (0) | |
| | Enter name of NEW Registered Agent and/or NEW Registered Office address: 16615 Lake Circle Drive Unit 413 NEW Registered Office Address: 23 |
| | NEW Registered Office Address: |
| | |
| | Fort Myers 33908 |
| change agent v | mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) |
| was/we | re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company. |
| // / / | |
| Signat | ure of a member or authorized representative of a member Printed or typed name of signee |
| I herel provisi the obl | by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the cons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been |
| io mere notified | i in whiting of this change. |
| | MINI MEM DE/ re of Registered Agent |