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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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J. Silvers JAN 31 2013

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2014

TERA STYERS
4106 CRABTREE AVE
SARASOTA, FL 34233

SUBJECT: TERA STYERS, LLC
Ref. Number: L10000043943

We have received your document for TERA STYERS, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 314A00001431

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TERA STYERS, 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:

TERA STYERS
Name of Person

TERA STYERS, LLC
Firm/Company

4106 CRABTREE AVE
Address

SARASOTA FL 34233
City/State and Zip Code

skbchgirl@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERA STYERS at (941) 313-3080
Name of Person — Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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 608.416 or 608.508, 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: TERA STYERS, LLC

2. (a) Principal office address of limited liability company: 4106 CRABTREE AVE
SARASOTA FL 34233
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company: 4106 CRABTREE AVE
SARASOTA FL 34233
(Note: MAY BE POST OFFICE BOX)

APRIL 23, 2010
3. Date of filing/registration in Florida

L10000043943
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: TERA STYERS

Registered Office Address: 4015 WESTFIELD COURT
SARASOTA FL 34233

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: TERA STYERS

NEW Registered Office Address: 4106 CRABTREE AVE
(MUST BE FLORIDA STREET ADDRESS)
SARASOTA ,FL 34233

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.

Tera Styers LLC
Signature of a member or authorized representative of a member

TERA STYERS
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 608, 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.

Tera Styers LLC
Signature of Registered Agent

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

INHS18 (05/08)