

212000067519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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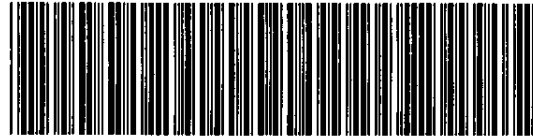
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MAY 30 2011

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 29 PM 1:56

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05/29/12---01029---023 \*\*25.00

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 9647 CINNAMON COURT 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:

WILLIAM KELLOWAY

Name of Person

9647 CINNAMON COURT LLC

Firm/Company

3004 NE 5TH TER 109-C

Address

FORT LAUDERDALE, FL 33334

City/State and Zip Code

W KELLOWAY@yahoo.com

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

For further information concerning this matter, please call:

WILLIAM KELLOWAY

Name of Person

at ( 978 ) 314-5652

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

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2012 MAY 29 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: 9647 CINNAMON COURT LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

**(Note: MUST BE STREET ADDRESS)**

3004 NE 5TH TER 109-C  
FORT LAUDERDALE, FL 33334

(b) Mailing address of limited liability company: \_\_\_\_\_

**(Note: MAY BE POST OFFICE BOX)**

3004 NE 5TH TER 109-C  
FORT LAUDERDALE, FL 33334

05/18/2012  
3. Date of filing/registration in Florida

L12000067519  
4. Document number

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

Registered Agent: IVY MILLER WALKER PA

Registered Office Address: 700 E ATLANTIC BLVD.  
201  
POMPAHO BEACH, FL 33069

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

**NEW Registered Agent:** WILLIAM KELLOWAY

**NEW Registered Office Address:** 3004 NE 5TH TER 109-C  
**(MUST BE FLORIDA STREET ADDRESS)** FORT LAUDERDALE, FL 33334

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.

*William Kelloway*  
X Signature of a member or authorized representative of a member

WILLIAM KELLOWAY

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.*

*William Kelloway*  
X Signature of Registered Agent

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