

L120000077837

(Requestor's Name)

(Address)

(Address)

7
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

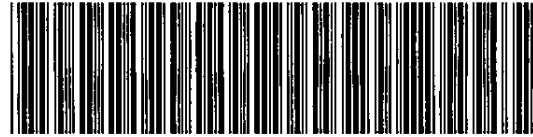
(Business Entity Name)

(Document Number)

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2014 JAN -8 PM12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 13 2013
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WARWICK SHEARD, 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:

JONATHAN SHEARD

Name of Person

WARWICK SHEARD, LLC

Firm/Company

17681 SW 54TH STREET

Address

SOUTHWEST RANCHES, FL 33321-2308

City/State and Zip Code

js@warricksheard.com

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

THIS HAS ALREADY
BEEN CHANGED ALTHOUGH
THE CHANGE IS NOT
REFLECTED ON SUNBIZ
(see attached)

For further information concerning this matter, please call:

JONATHAN SHEARD

Name of Person

at (954) 589 7883

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 605.0114, 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: WARWICK SHEARD, LLC

2. (a) Principal office address of limited liability company: 17681 SW 54TH STREET
(Note: MUST BE STREET ADDRESS) SOUTHWEST RANCHES
FL 33331-2308

(b) Mailing address of limited liability company: 17681 SW 54TH STREET
(Note: MAY BE POST OFFICE BOX) SOUTHWEST RANCHES
FL 33331-2308

6/11/2012
3. Date of filing/registration in Florida

L 1200077837
4. Document number

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

Registered Agent: JONATHAN EBOR W SHEARD

Registered Office Address: 18615 NW 23RD STREET
PEMBROKE PINES
FL 33029-5324

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

NEW Registered Agent: ~ NO CHANGE ~ (JONATHAN EBOR W. SHEARD)

NEW Registered Office Address: 17681 SW 54TH STREET
(MUST BE FLORIDA STREET ADDRESS) SOUTHWEST RANCHES
FL 33331-2308

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.

(Signature)
Signature of a member or authorized representative of a member

JONATHAN EBOR WARWICK SHEARD
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 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.

(Signature)
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED
JUN -8 PM 12:07
TALLAHASSEE, FLORIDA
SECRETARY OF STATE