## 14000048443

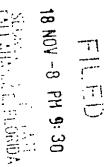
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. (Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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K SALY

## COVER LETTER

TO:	Registration Section Division of Corporations		•
SUBJE	2075 Siesta, LLC		
		ne of Limited Lia	bility Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	ice Change and fo	ee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the fo	ollowing:
Fred	A. Kinnard		
	Name of Person		<del></del>
2075	Siesta, LLC		
	Firm/Company	· -	_
2808	WEST Old Murphy Road		
.,	Address		-
Frank	lin NC 28734-8378		
	City/State and Zip Code		_
fkinna	ard2@verizon.net		
E	-mail address: (to be used for future and	nual report notific	ration)
For fur	ther information concerning this matter	, please call;	
Fred	A. Kinnard	828 at (	3697452
	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	Reg Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314
	Enclosed is a check for the following	g amount:	
	<b>△</b> \$25 Filing Fee	□ <b>\$</b> 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 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.

) _	01. 1. 1. 1. 1. 1.	(b	o)	Mailing address of limited liability compan
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	:		(Note: MAY BE POST OFFICE BOX)
	2808 WEST Old Murphy Road		SAME	
	Franklin NC 28734-8378			
	03/24/2014		L140000	)48443
i)	Date of filing/registration in Florida 03/24/2014	4.		Document number
,	Registered Agent and Registered Office shown on the record	ds of the Florida	Dept. of Sta	 nte:
ŧ	Ulrich, Scarlett, Wickman & Dean, PA			
•	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS	2	_
	7.13.S. Orange Avenue 2946 Soc	XTA TI	AM(H	UI TRAIL
	Sarasota	, FL 34236		
		, FL	<u> </u>	- 5 5
)				18 NOV -8 PM 9: 30
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	tered Office ad	dress:	
	717 6 000 44115	40=		I. I
	7/3 S. ORHNEE  NEW Registered Office Address:	NVE	<del>-</del>	
	SITRA SCTA			
	5/1/=/1 50 1/1			_
		,FL 34	139	_
nai W	imited liability company is not organized under the tall or changes are made, the Florida street addressill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member of organization of the operating agreement of the difference of a member of a member or authorized representative of a member	ss of the regined liability controls  ours of the limited limi	stered officompany, it nited liabili liability co	ce and the business office of the reg is hereby confirmed that the change ity company or as otherwise provide
ve Çir		<del></del>	<del></del>	Printed or typed name of signee
ve Çir	ture of a member or authorized representative of a member			

Signature of Registered Agent