

L14000061439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

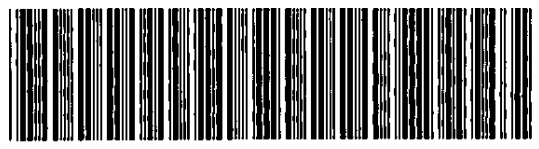
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
MAY -9 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOAR Associates, 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 Chalmers Brothers, Jr.
Name of Person

SOAR Associates, LLC
Firm/Company

478 Heron Ave
Address

Naples, FL 34108
City/State and Zip Code

ChalmersB@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

W. Chalmers Brothers at (239) 248-5000
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

already submitted

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.

1. Name of the limited liability company: SOAR Associates, LLC

2. (a) 478 Heron Ave Naples FL 34108 (b) SAME
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. 2014 Date of filing/registration in Florida 4. L14000061439 Document number

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

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
13302 Winding Oak Ct.
Tampa, FL 33612

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 TALLAHASSEE, FLORIDA

(b) William Chalmers Brothers, Jr.
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
478 Heron Ave
NEW Registered Office Address:
Naples, FL 34108

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
William Chalmers Brothers, Jr. 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2017

SOUR ASSOCIATES LLC
W. CHALMERS BROTHERS JR.
478 HERON AVE.
NAPLES, FL 34108

SUBJECT: SOAR ASSOCIATES LLC
Ref. Number: L14000061439

Thank You
See enclosed

We have received your document for SOAR ASSOCIATES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 517A00007534

RECEIVED
2017 MAY -5 AM 10:25
REGULATORY DIVISION
TALLAHASSEE, FLORIDA