

214000162141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

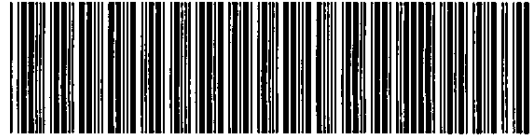
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700287980677

07/18/16--01045--014 \*\*35.00

2016 JUL 19 AM 9:00  
TALLAHASSEE, FLORIDA

2016 AUG -2 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

K. SALY  
EXAMINER

AUG 4



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

*COPY*  
2016 AUG -2 AM 9:39

TALLAHASSEE, FLORIDA

July 20, 2016

MARGARET F MACNAUGHTON  
PO BOX 330338  
ATLANTIC BEACH, FL 32233-0338

SUBJECT: MACNAUGHTON FAMILY LLC  
Ref. Number: L14000162141

We have received your document for MACNAUGHTON FAMILY 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):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 716A00015153

*Ms Bruce,*

*Enclosed are the proper forms this time.*

*Thank you!*

*Margaret MacNaughton*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MacNaughton Family LLC

*Name of Corporation*

**DOCUMENT NUMBER:** L14000162141

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Margaret F MacNaughton

*Name of Contact Person*

MacNaughton Family LLC

*Firm/Company*

PO Box 330338

*Address*

Atlantic Beach FL 32233-0338

*City/State and Zip Code*

margmacnaughton@gmail.com

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

For further information concerning this matter, please call:

Margaret F MacNaughton

*Name of Contact Person*

at ( 813 ) 205-6958

*Area Code & Daytime Telephone Number*

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: MacNaughton Family LLC
2. (a) 120 Pine St  
Principal office address of limited liability company:  
**(Note: MUST BE STREET ADDRESS)**  
Neptune Beach FL 32266-6075
- (b) PO Box 330338  
Mailing address of limited liability company:  
**(Note: MAY BE POST OFFICE BOX)**  
Atlantic Beach FL  
32233-0338
3. 12/19/2000  
Date of filing/registration in Florida
4. L14000162141  
Document number
5. (a) Margaret F MacNaughton  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
7642 Transom Ct  
Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**  
Tampa, FL 33607
- (b) Margaret F MacNaughton  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:  
120 Pine St  
**NEW Registered Office Address:**  
Neptune Beach, FL 32266-6075

FILED  
2016 AUG -2 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

Margaret F. MacNaughton  
Signature of a member or authorized representative of a member

Margaret F MacNaughton  
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.

Margaret F. MacNaughton  
Signature of Registered Agent