

L15000177793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

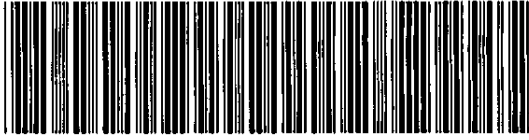
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300278809513

11/05/15--01017--010 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 NOV -5 PM 2:15

APPROVED
AND
FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 NOV -5 PM 2:05

RECEIVED

K. SALY
EXAMINER

NOV -5 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Moving Tally Seniors 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:

Maren Cox
Name of Person

Moving Tally Seniors
Firm/Company

2806 Paradise Place
Address

Tallahassee, FL 32309
City/State and Zip Code

marencox@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maren Cox at (850) 728-3525
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

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: Moving Tally Seniors

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
2806 Paradise Place
Tallahassee, FL 32309

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
2806 Paradise Place
Tallahassee, FL 32309

3. October 9, 2015 Date of filing/registration in Florida

4. L15000177793 Document number

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

1204 Walton Drive,
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
Tallahassee, FL 32312

15 NOV -5 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APPROVED
AND
FILED

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

Maren Cox
NEW Registered Office Address:
2806 Paradise Place
Tallahassee, FL 32309

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.

Kathryn E Rivenbark
Signature of a member or authorized representative of a member

Kathryn E Rivenbark
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.

Maren L. Cox
Signature of Registered Agent