

M170000014247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

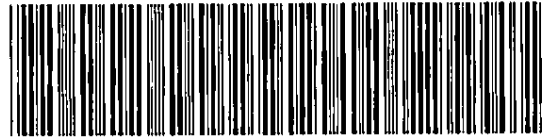
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300304774563

10/24/17--01012--030 \*\*35.00

2017 DEC 13 PM 12:26  
J. HARRIS

DEC 18 2017  
J. HARRIS

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Ministrat 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:

Sean Thom

Name of Person

Ministrat LLC dba Oration

Firm/Company

7818 MoH Rd

Address

Billings MT 59106

City/State and Zip Code

Sean@oration.com

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

For further information concerning this matter, please call:

Sean Thom

Name of Person

at ( 406 ) 272 - 4368

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

INHS18 (2/14)

↳ already paid. See attached letter.

#817A00021671



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 26, 2017

TIM POLLARD  
7818 MOLT RD  
BILLINGS, MT 59106

SUBJECT: MINISTRAT, LLC  
Ref. Number: M17000001447

We have received your document for MINISTRAT, 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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 817A00021671

2017 DEC 13 PM 1:36

2017 DEC 13 PM 12:24

**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: Ministrat LLC

2. (a) 7818 Molt Road (b) 7818 Molt Rd  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Billings, MT 59106 Billings, MT 59106

3. 01/14/17 4. M17000001447  
Date of filing/registration in Florida Document number

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

112 Glasgow Ct  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Davenport, FL 33897

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

8908 Tiberian Dr. #302  
NEW Registered Office Address:

Kissimmee, FL 34747

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.

X [Signature]  
Signature of a member or authorized representative of a member

Timothy Pollard  
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