L13000114762

(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

600262738906

08/11/14--01013--026 **35.00

14 AUG 21 AM 10:04

SECRETARY OF STATE
DIVISION OF CORPORATIONS

C. LEWIS
Sept 8 2014
EXAMINER

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2014

RICHARD OEHLER / GINA BYRD CPA
7 N. VERNON AVE.
KISSIMMEE, FL 34741 US

SUBJECT: 5348 LONESOME DOVE DR., LLC
Ref. Number: L13000114762

We have received your document for 5348 LONESOME DOVE DR., 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 LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 314A00017823

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5348 Lonesome Dove Dr, 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:

Richard Oehler, Jr
Name of Person

Gina Byrd, CPA
Firm/Company

7 N. Vernon Ave.
Address

Kissimmee, FL 34741
City/State and Zip Code

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

For further information concerning this matter, please call:

Richard Oehler, Jr at (407) 624-4662
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

INHS18 (2/14)

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: 5348 Lonesome Dove Dr., LLC

2. (a) 1431a W San Bernardino Rd.
Covina, CA 91722
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) 1431a W San Bernardino Rd
Covina, CA 91722
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

3. 8/14/2013
Date of filing/registration in Florida

4. L13000114762
Document number

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

13302 Winding Oak Court A
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

Tampa, FL 33612

(b) Gina Byrd, CPA
Exact name of NEW Registered Agent and/or NEW Registered Office address

7 N. Vernon Ave.
NEW Registered Office Address:

Kissimmee, FL 34741

14 AUG 21 AM 10:04
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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 of a member or authorized representative of a member

Jennifer Contreras
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.

RICHARD CARTER
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: $25.00