

4700054436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

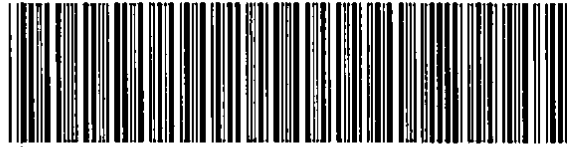
(Business Entity Name)

(Document Number)

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FILED
STATE BAR OF CALIFORNIA
DIVISION OF PROFESSIONAL REGULATION
17 JUL 20 AM 10:53

M. MILLIGAN

JUL 25 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 26, 2017

BRIAN D DOSS
5796 SW 34TH ST.
MIAMI, FL 33155

SUBJECT: OUR RELATIONSHIP LLC
Ref. Number: L17000054436

We have received your document for OUR RELATIONSHIP 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: 917A00010680

RECEIVED
2017 JUL 20 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Our Relationship 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:

Brian D Doss

Name of Person

Our Relationship LLC

Firm/Company

5796 SW 34th St.

Address

Miami, FL 33155

City/State and Zip Code

bdoss@miami.edu

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

For further information concerning this matter, please call:

Brian Doss

Name of Person

at (979) 204-1004

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: Our Relationship LLC

2. (a) 5796 SW 34th St. (b) 5796 SW 34th St.

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Miami, FL 33155

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Miami, FL 33155

3. 3/8/2017 4. L17000054436

Date of filing/registration in Florida

Document number

5. (a) Legal Inc Corporate Services Inc

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

5237 Summerlin Commons Suite 400

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Fort Myers, FL 33907

(b) Brian D Doss

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

5796 SW 34th St.

NEW Registered Office Address:

Miami, FL 33155

17 JUL 20 AM 10:53
SECTION 605.0116
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.

Brian D Doss
Signature of a member or authorized representative of a member

Brian D Doss
Printed or typed name of signer

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.

Brian D Doss
Signature of Registered Agent