

LOI 0000000327

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EXAMINER

LOI-327

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Two of a Kind Properties, 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:

James W Rust, III
Name of Person

Two of a Kind Properties, LLC
Firm/Company

94 N Beach Street
Address

Ormond Beach, FL 32174
City/State and Zip Code

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

For further information concerning this matter, please call:

James W. Rust at (386) 274-3336
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

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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: Two of a Kind Properties, LLC

2. (a) Principal office address of limited liability company: 94 N Beach Street

☐ (Note: **MUST BE STREET ADDRESS**) Ormond Beach, FL 32174

(b) Mailing address of limited liability company: _____

☐ (Note: **MAY BE POST OFFICE BOX**) _____

3. Date of filing/registration in Florida 1-8-01

4. Document number _____

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

Registered Agent:

Michael Pyle
1245 W. Granada Ave
Suite 1
Ormond Beach, FL 32174

Registered Office Address:

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

NEW Registered Agent:

P & D Management, LLC

NEW Registered Office Address:

1655 N Clyde Morris Blvd., Ste. 1

(MUST BE FLORIDA STREET ADDRESS)

Daytona Beach, FL 32117

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]
Signature of a member or authorized representative of a member

James W. Rust, III

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 608, 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], Manager of P+D Management LLC
Signature of Registered Agent

MICHAEL A. PYLE

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

FILING FEE: \$25.00