

L02000002837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

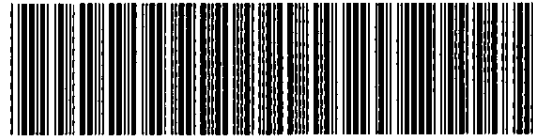
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2011 DEC-29 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

JAN - 3 2012

EXAMINER

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: Lenny's Legacy, LLC

2. (a) Principal office address of limited liability company: _____

(Note: **MUST BE STREET ADDRESS**)

92-1133 L70L20 PL
KAPOLEI, HI 96707

(b) Mailing address of limited liability company: _____

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

92-1133 L70L20 PL
KAPOLEI, HI 96707

7/29/2011
3. Date of filing/registration in Florida

L11000070506
4. Document number

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

Registered Agent: Daniel L. Judycki

Registered Office Address: 4762 Autumnndale Drive
Pace, FL 32571

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

NEW Registered Agent: Daniel P. Saba

NEW Registered Office Address: 4557 Chumuckla Highway
(MUST BE FLORIDA STREET ADDRESS) Pace, FL 32571

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.

Daniel L. Judycki 16DEC11
Signature of a member or authorized representative of a member

Daniel L. Judycki
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]
Signature of Registered Agent

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

FILING FEE: \$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T.L.C. HOME WATCH, 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:

ROBERT COHEN, CPA, CFE

Name of Person

ROBERT COHEN, CPA, CFE

Firm/Company

3120 PHILMONT AVENUE

Address

HUNTINGDON VALLEY, PA 19006-4238

City/State and Zip Code

cohencpacfe@comcast.net

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

For further information concerning this matter, please call:

ROBERT COHEN

Name of Person

at (215)

938-8815

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

FILED
2011 DEC 29 PM 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: T.L.C. HOME WATCH, LLC

2. (a) Principal office address of limited liability company: 8264 ALLENDALE COURT

(Note: MUST BE STREET ADDRESS)

NAPLES, OH 34120

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

8264 ALLENDALE COURT
NAPLES, OH 34120

JANUARY 31, 2002

3. Date of filing/registration in Florida

L02000002837

4. Document number

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

Registered Agent:

CAMILLE D. MURRAY

Registered Office Address:

8264 ALLENDALE COURT
NAPLES, FL 34120

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

NEW Registered Agent:

THOMAS J. MURRAY

NEW Registered Office Address:

8264 ALLENDALE COURT

(MUST BE FLORIDA STREET ADDRESS)

NAPLES, FL 34120

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 Thomas J. Murray
Signature of a member or authorized representative of a member

THOMAS J. MURRAY

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.

x Thomas J. Murray
Signature of Registered Agent

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

FILING FEE: \$25.00