

L02000012578 ✓

(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



900253534929

01/13/14--01037--007 **25.00

2014 JAN 13 PM 12:53
TALLAHASSEE
STATE OF FLORIDA

B. BOSTICK

JAN 16 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fairmont Management, 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:

Lois J. Bowers

Name of Person

Fairmont Management, LLC

Firm/Company

5337 North Socrum Loop Road

Address

Lakeland, FL 33809

City/State and Zip Code

jim@fairmontmgmt.com

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

For further information concerning this matter, please call:

Lois Bowers

Name of Person

at (863) 858-2415

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

2014 JAN 13 PM 12:53
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
REGISTRATION SECTION

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

Pursuant to the provisions of sections 605.0114, 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: FAIRMONT MANAGEMENT, LLC

2. (a) Principal office address of limited liability company: 5337 North Socrum Loop Road
Lakeland, FL 33809
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 5337 North Socrum Loop Road
Lakeland, FL 33809
(Note: **MAY BE POST OFFICE BOX**)

May 22, 2002

3. Date of filing/registration in Florida

L02000012578

4. Document number

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

Registered Agent: Lois J Bowers
Registered Office Address: 5337 North Socrum Loop Road
Lakeland, FL 33809

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

NEW Registered Agent: Stephen M. Knapp, Esq

NEW Registered Office Address: 5417 S. FLORIDA AVENUE
(MUST BE FLORIDA STREET ADDRESS)
LAKELAND, FL 33813

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.

Lois J. Bowers
Signature of a member or authorized representative of a member

Lois J. Bowers

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.

Stephen M. Knapp, Esq
Signature of Registered Agent

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