

LO2 000026548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

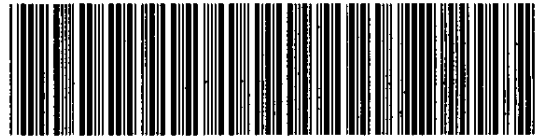
(Business Entity Name)

(Document Number)

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2010 JAN 15 AM 11:02
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TALLAHASSEE, FLORIDA

T. CLINE

JAN 19 2010

EXAMINER

CF 25.00



LAW OFFICES OF
C. GUY BOND, P.A.

11512 Lake Mead Avenue, Unit 303 • Jacksonville, FL 32256
Phone: 904.493.3200 • Facsimile: 904.493.3201

January 12, 2010

VIA U.S. MAIL

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

RE: CARIBBEE ASSOCIATES, LLC/Document # L02000026548

Dear Sir or Madam:

Please find enclosed the Change of Registered Agent Form and Amended and Restated Articles of Organization of the above-referenced company and our firm's check # 2278 in the amount of \$55.00, representing \$25.00 for filing fees of the Change of Registered Agent form and \$30.00 for filing fees for the Amended and Restated Articles of Organization and certificate of Status.

Should you need anything further at this time, please do not hesitate to contact me.

Sincerely,


Mary G. Morcom

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Caribbee Associates, 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:

Mary G. Morcom
Name of Person

Law Offices of C. Guy Bond, P.A.
Firm/Company

11512 Lake Mead Avenue, Suite 303
Address

Jacksonville, Florida 32256
City/State and Zip Code

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

For further information concerning this matter, please call:

John M. Brocato at (904) 874-5869
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

FILED
2010 JAN 15 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Caribbee Associates, LLC

2. (a) Principal office address of limited liability company: 100 North First Street

☐ **(Note: MUST BE STREET ADDRESS)** Neptune Beach, FL 32266

(b) Mailing address of limited liability company: 100 North First Street

☐ **(Note: MAY BE POST OFFICE BOX)** Neptune Beach, FL 32266

October 8, 2002 L02000026548
3. Date of filing/registration in Florida 4. Document number

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

Registered Agent: Patterson, Bond & Latshaw, P.A.

Registered Office Address: 3010 South Third Street
Jacksonville Beach, FL 32250

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

NEW Registered Agent: Law Offices of C. Guy Bond, P.A.

NEW Registered Office Address: 11512 Lake Mead Avenue, Suite 303
(MUST BE FLORIDA STREET ADDRESS) Jacksonville, FL 32256

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.

John M. Brocato
Signature of a member or authorized representative of a member

John M. Brocato
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 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.

My P. Muegan Vice President
Signature of Registered Agent

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