

L03000018824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

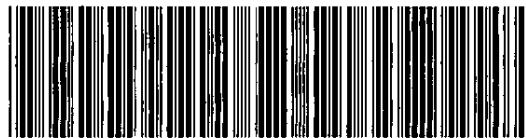
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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C. LEWIS

MAR 27 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KOLSEN & ASSOCIATES LLC
(Name of Corporation)

DOCUMENT NUMBER: LO3000018824

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Pete Wells

(Name of Contact Person)

AI Framing Co.

(Firm/Company)

4524 5th Ave. St. Aug. FL 32091

(Address)

St. Augustine FL 32091

(City/State and Zip Code)

For further information concerning this matter, please call:

Pete Wells.

(Name of Contact Person)

at

(904) 524-2103

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2009

PETE WELLS
AL FARMING CO.
4524 5TH AVE ST
ST. AUGUSTINE, FL 32095

SUBJECT: KOLSEN AND ASSOCIATES, LLC
Ref. Number: L03000018824

We have received your document for KOLSEN AND ASSOCIATES, 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):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 409A00008662

Attention: Carolyn Lewis

*Enclosing new application per our conversation
of 3/24/09*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kolsen and 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:

Peter Wells William S. Kolsen
(Name of Person)

At Framing Co. Kolsen and Associates LLC
(Firm/Company)

4540 Fifth Ave. St. Aug. FL
(Address)

St. Aug. FL. 32095
(City/State and Zip Code)

For further information concerning this matter, please call:

William S. Kolsen at (904) 829-3827.
(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

**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: Kolsen and Associates LLC.
2. (a) Principal office address of limited liability company: 4540 Fifth Ave.
St. Augustine, FL 32095
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: Same.
(Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida: 05/21/2003
4. Document number: L03000018824.

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

Registered Agent:

Leon, Lisa M

Registered Office Address:

Leon Law Office, P.A.
5095 US1 South
St. Augustine, FL 32086

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

NEW Registered Agent:

Peter Wells dba. AJ Framing LLC.

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

4524 Fifth Ave.
St. Augustine, FL 32095

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.

Wm S. Kolsen
(Signature of a member or authorized representative of a member)

William S. Kolsen
(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.

Pete Wells
(Signature of Registered Agent)

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

FILED
2009 MAR 26 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA