

LO3 0000 33 289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

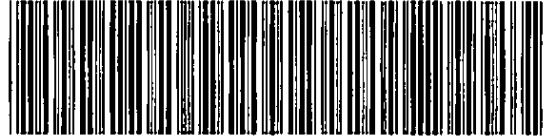
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200337424102

12/06/19--01013--024 **25.00

FILED
2019 DEC -6 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

JAN 10 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACORN DEVELOPMENT, 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:

KEITH J. NORMAN
Name of Person

ACORN DEVELOPMENT, LLC
Firm/Company

21 RIVERSIDE DRIVE #501
Address

COCOA, FL 32922
City/State and Zip Code

norm4801@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KRISTY A. MOUNT at (321) 267-5504
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 605.0114 or 605.0116, 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: ACORN DEVELOPMENT, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
21 RIVERSIDE DRIVE #501
COCOA, FL 32922

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
21 RIVERSIDE DRIVE #501
COCOA, FL 32922

3. 09/04/03 Date of filing/registration in Florida

4. L03000033289 Document number

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

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
21 RIVERSIDE DRIVE #501
COCOA, FL 32922

(b) CLAIRE M.S. BOUCHER-NORMAN
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:
21 RIVERSIDE DRIVE #501
COCOA, FL 32922

FILED
 2019 DEC -6 PM 3: 03
 SECRETARY OF STATE
 TALLAHASSEE, FL

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.

Keith J. Norman
 Signature of a member or authorized representative of a member

KEITH J. NORMAN
 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.

Claire M.S. Boucher-Norman
 Signature of Registered Agent