

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**LLC REGISTERED AGENT CHANGE
SOUND PROPERTIES, LLC**

Certificate of Status	0
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LFU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUND PROPERTIES, 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:

JEROME SULLIVAN

Name of Person

Firm/Company

784 S CLEARWATER LOOP

Address

POST FALLS, ID 83854

City/State and Zip Code

filings@registeredagentsinc.com

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

For further information concerning this matter, please call:

Jerome Sullivan at (509) 768-2249
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: SOUND PROPERTIES, LLC
2. (a) 905 WISHBONE CIRCLE
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
LEXINGTON, KY 40502
- (b) 905 WISHBONE CIRCLE
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
LEXINGTON, KY 40502
3. 11/12/2003
Date of filing/registration in Florida
4. L03000043702
Document number
5. (a) JUDY WALTERS
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
8988 HOUSTON PLACE
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
ORLANDO, FL 32819
- (b) REGISTERED AGENTS INC
Enter name of NEW Registered Agent and/or NEW Registered Office address:
7901 4TH ST N
NEW Registered Office Address:
STE 300
ST. PETERSBURG, FL 33702

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LLCB

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.

Ernest B. Powell
Signature of a member or authorized representative of a member

Ernest B. Powell / MGRM
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 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.

David Roberts David Roberts/Assistant Secretary
Signature of Registered Agent