

L04000020682

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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D. BRUCE

MAY 27 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 9, 2011

GLORIA VAUGHN ALTICK  
1290 OCEAN BLVD  
ATLANTIC BEACH, FL 32233

SUBJECT: VAUGHN ALTICK, LLC  
Ref. Number: L04000020682

We have received your document for VAUGHN ALTICK, 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):

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

Please return 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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 411A00011422

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11 MAY 26 PM 3:31  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VAUGHN ALTICK 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:

GLORIA V. ALTICK  
Name of Person

VAUGHN ALTICK LLC  
Firm/Company

1290 OCEAN BLVD  
Address

ATLANTIC BEACH, FL 32233  
City/State and Zip Code

glorva2000@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gloria V. Altick at (904) 241-0800  
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  
11 MAY 26 PM 3:31  
TALLAHASSEE, FLORIDA

**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: VAUGHN ALTICK LLC

2. (a) Principal office address of limited liability company: \_\_\_\_\_

(Note: **MUST BE STREET ADDRESS**)

1290 OCEAN BLVD  
ATLANTIC BCH, FL 32233

(b) Mailing address of limited liability company: \_\_\_\_\_

(Note: **MAY BE POST OFFICE BOX**)

above

3/17/2004  
3. Date of filing/registration in Florida

L04000020682  
4. Document number

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

Registered Agent:

C. RANDOLPH COLEMAN

Registered Office Address:

9250 BAYMEADOWS RD  
JACKSONVILLE FL 32256  
#450

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

**NEW** Registered Agent:

WILLIAM G. NOE, JR

**NEW** Registered Office Address:

(**MUST BE FLORIDA STREET ADDRESS**)

599 ATLANTIC BLVD. #6  
ATLANTIC BCH, FL 32233

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.

Gloria Vaughn Altick  
Signature of a member or authorized representative of a member

GLORIA VAUGHN ALTICK  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity and 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.

William G. Noe, Jr.  
Signature of Registered Agent

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