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C. GOLDEN

APR 27 2020

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Freeland Systems 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:

John Freeland

Name of Person

Freeland Systems LLC

Firm/Company

550 Congressional Blvd.

Address

Carmel IN 46032

City/State and Zip Code

john.freeland@freelandsystems.com

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

For further information concerning this matter, please call:

John Freeland

at ( 317 ) 522-7222

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: Freeland Systems LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

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

15440 KILBURN COURT

WESTFIELD, IN 46074-8842

Mailing address of limited liability company:

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

550 Congressional Blvd.

Carmel Indiana 46032

11/12/2004

L04000083728

3. Date of filing/registration in Florida 4. Document number

5. (a) CRUM, Susan Jan

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2648 Weeks Avenue Naples, FL 34112-5701

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

2648 WEEKS AVENUE

NAPLES, FL 34112-5701 US

(b) Alan Stegemoller

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

Alan Stegemoller

**NEW Registered Office Address:**

133 Bellini Ct.

North Venice, FL 34275

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 C Freeland

Signature of a member or authorized representative of a member

John C Freeland Managing Member

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.

Alan Stegemoller

Signature of Registered Agent

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

FILING FEE: \$25.00

2004 NOV 10 AM 8:01