

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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*25.00

D. BRUCE
NOV 22 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2016

PALM COAST PARTNERS, LLC
PO BOX 840303
ST. AUGUSTINE, FL 32080-0303

SUBJECT: PALM COAST PARTNERS, LLC
Ref. Number: L04000084975

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

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

Please return a copy of this letter to ensure your money is properly credited.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 016A00024222

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palm Coast Partners 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:

Wendy White Philcox

Name of Person

Palm Coast Partners, LLC

Firm/Company

24 Village del Prado Circle

Address

St. Augustine, FL 32080

City/State and Zip Code

wmwpublisher@gmail.com

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

For further information concerning this matter, please call:

Wendy White Philcox

Name of Person

904

Area Code & Daytime Telephone Number

429-6910

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

Please note the
filing fee for
this amendment
has been sent via
bill pay w/ Wells
Fargo Bank.
Thank you!

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Palm Coast Partners LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

24 Village del Prado Circle
St. Augustine, FL 32080

24 Village del Prado Circle
St. Augustine, FL 32080

11/17/04

L04000084975

3. Date of filing/registration in Florida

4. Document number

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

417 Fiddlers Point Drive
St. Augustine, FL 32080

(b) Wendy White Philcox
Enter name of NEW Registered Agent and/or NEW Registered Office address:

WW
NEW Registered Office Address:

24 Village del Prado Circle
St. Augustine, FL 32080

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TALLAHASSEE, FLORIDA

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.

Wendy White Philcox
Signature of a member or authorized representative of a member

Wendy White Philcox
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.

Wendy White Philcox
Signature of Registered Agent