

La50000004173

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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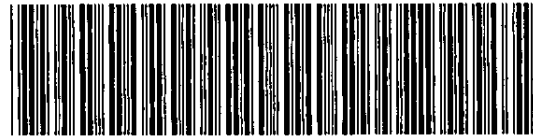
(Business Entity Name)

(Document Number)

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08/27/13--01012--014 **25.00

FILED
2013 AUG 27 PM 5:00
CLERK OF COURT
TALLAHASSEE, FLORIDA

B. BOSTICK

AUG 28 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Railroad Square, 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:

Lillian B. Kaye

Name of Person

Railroad Square, LLC

Firm/Company

PO Box 782

Address

Tallahassee, FL 32302

City/State and Zip Code

Lily@railroadsquare.com

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

2013 AUG 27 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Lillian Kaye or Adam Kaye at (850) 224-1308 or (352) 871-1340
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 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: Railroad Square, LLC

2. (a) Principal office address of limited liability company: 567 Industrial Dr.
(Note: **MUST BE STREET ADDRESS**) Tallahassee FL 32310

(b) Mailing address of limited liability company: PO Box 782
(Note: **MAY BE POST OFFICE BOX**) Tallahassee FL 32302

January 3, 2005

3. Date of filing/registration in Florida

L05000000473

4. Document number

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

Registered Agent:

ELayne Koenigsberg

Registered Office Address:

(above)

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

NEW Registered Agent:

Anthony DeMaria

NEW Registered Office Address:

(no change)

(MUST BE FLORIDA STREET ADDRESS)

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.

Lillian Boynton Kaye
Signature of a member or authorized representative of a member

Lillian Boynton Kaye

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 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.

Anthony DeMaria
Signature of Registered Agent

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