L05000010074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

000313119620

FILED
18 MAY -8 AM 7:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 MAY -8 AM 10:58

K. SALY
MAY - 8 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 197831 6383A

AUTHORIZATION :

COST LIMIT : $ 25.00

ORDER DATE : May 7, 2018

ORDER TIME : 8:35 AM

ORDER NO. : 197831-005

CUSTOMER NO: 6383A

CHANGE OF AGENT

NAME: HOMESTEAD ROAD, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Homestead Road, 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:

c/o Jan Baillargeon
Name of Person

Firm/Company

12039 Winfield Circle
Address

Fort Myers, FL 33966
City/State and Zip Code

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

For further information concerning this matter, please call:

_____ at (_____) _____
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

CR8S18 (2/14)

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: Homestead Road, LLC

2. (a) c/o Jan Baillargeon
Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)
12039 Winfield Circle
Fort Myers, FL 33966

(b) c/o Jan Baillargeon
Mailing address of limited liability company
(Note: MAY BE POST OFFICE BOX)
12039 Winfield Circle
Fort Myers, FL 33966

3. 02/01/2005
Date of filing/registration in Florida

4. L05000010074
Document number

5 (a)
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
James Hooper
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
2346 SE 28th Street
Cape Coral, FL 33904

(b)
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Jesse Marcoaldi
NEW Registered Office Address
19501 Bowring Park Rd. #102
Fort Myers, FL 33967

FILED
18 MAY -8 AM 7:50

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.

Signature of a member or authorized representative of a member

John F. Blais, Jr., 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.

Signature of Registered Agent

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

INDIS12/134