

L05000032461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

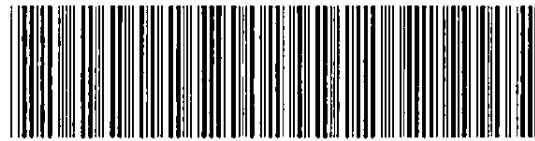
Copies _____

Certificates of Status _____

Instructions to Filing Officer:

AB

Office Use Only



300407521043

2023 APR 26 PM 4:00



RECEIVED
2023 APR 26 PM 2:51
FLORIDA

A LOYER
APR 27 2023

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 4/26/2023

PRIORITY Regular Approval

OUR REF. # (Order ID#) 1142906

ORDER ENTITY
VALENCIA ESTATES, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:
VALENCIA ESTATES, LLC (FL)

File the attached change of agent document

NOTES:
\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "VJ" or similar, written over a horizontal line.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Valencia Estates, 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:

Robert Rosenfeld

Name of Person

Valencia Estates, LLC

Firm/Company

230 S. Hemiston, Ste. 520

Address

St. Louis, MO 63105

City/State and Zip Code

mobilehomes225@gmail.com

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

For further information concerning this matter, please call:

Robert Rosenfeld

314 862-0981
at (_____) _____

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: Valencia Estates, LLC

2. (a) 3325 Hwy 98 South (b) 230 S. Bemiston, Ste. 520

Principal office address of limited liability company:

Mailing address of limited liability company:

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

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

Lakeland, FL 33803

St. Louis, MO 63105

April 1, 2005

L05000032461

3. Date of filing/registration in Florida

4. Document number

5. (a) Michael J. Wilson

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

200 S. Orange Ave.

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

Sarasota, FL 34236

(b) Universal Registered Agents, Inc.

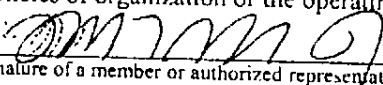
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

1317 California Street

NEW Registered Office Address:

Tallahassee, FL 32304

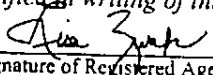
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida 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

Robert J. Rosenfeld, Jr.

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.

 Asst. VP
Signature of Registered Agent