

LOS0000064665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

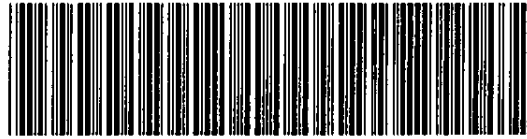
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TALLAHASSEE, FLORIDA

2011 NOV 22 PM 1:22

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sherry Taylors Cleaning Service 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:

Sherry Taylor
Name of Person

Sherry Taylors Cleaning Service LLC
Firm/Company

5561 Hwy 393
Address

Crestview FL 32539
City/State and Zip Code

staylor33@embargo@mail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherry Taylor at (850) 902-3123
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

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2011 NOV 22 PM 7:02
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 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: Sherry Taylors Cleaning Service LLC

2. (a) Principal office address of limited liability company: 5561 Hwy 393

☐ (Note: **MUST BE STREET ADDRESS**) Crestview FL 32539

(b) Mailing address of limited liability company: 5561 Hwy 393

☐ (Note: **MAY BE POST OFFICE BOX**) Crestview FL 32539

6-30-05 3. Date of filing/registration in Florida

L05000064665 4. Document number

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

Registered Agent: Louise McElaney

Registered Office Address: 5561 Hwy 393 1023 Everglades Dr
Crestview FL 32539
Niceville FL 32578

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

NEW Registered Agent: Donna Cornwell

NEW Registered Office Address: 813 Bayshore Dr.
(MUST BE FLORIDA STREET ADDRESS) Niceville FL 32578

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.

Sherry Taylor
Signature of a member or authorized representative of a member

Sherry Taylor
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 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.

Donna Cornwell
Signature of Registered Agent

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

2011 NOV 22
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TALLAHASSEE
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STATE