

L'050000 94240

(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:

A. LUNT

OCT 19 2011

EXAMINER

Office Use Only



800212280618

10/17/11--01065--008 **25.00

FILED
2011 OCT 17 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MISSION CONECA FT. PIERCE, 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:

RANDALL L. WOOD

Name of Person

MISSION CONECA FT. PIERCE, LLC

Firm/Company

5301 N. FEDERAL HWY SUITE 380

Address

BOCA RATON, FL 33487

City/State and Zip Code

RLWOOD@CONECA.COM

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

FILED
2011 OCT 17 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

RANDALL L. WOOD

Name of Person

at (954)

340-5594

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: MISSION CONECA FT. PIERCE, LLC
2. (a) Principal office address of limited liability company: 5301 N FEDERAL HWY STE 380

(Note: MUST BE STREET ADDRESS)

BOCA RATON, FL 33487

- (b) Mailing address of limited liability company: SAME

(Note: MAY BE POST OFFICE BOX)

09/26/2005

3. Date of filing/registration in Florida

L05000094240

4. Document number

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

Registered Agent:

DAVID DUNLEAVY

Registered Office Address:

5301 N FEDERAL HWY SUITE 380
BOCA RATON, FL 33487

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

NEW Registered Agent:

RANDALL L. WOOD

NEW Registered Office Address:

11110 NW 26 DRIVE

(MUST BE FLORIDA STREET ADDRESS)

CORAL SPRINGS, FL 33065

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.

x Randall L. Wood
Signature of a member or authorized representative of a member

Randall L. Wood
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.

x Randall L. Wood
Signature of Registered Agent

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