

L05000118976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

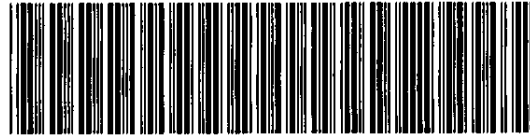
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CLOCKTOWER LLC
Name of Corporation

DOCUMENT NUMBER: L05000118576

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HELEN MURPHY
Name of Contact Person

CLOCKTOWER LLC
Firm/Company

7 ROLAND ROAD
Address

IRVINGTON, NY 10533
City/State and Zip Code

imedia911@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HELEN MURPHY at (917) 757.1499
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 13, 2012

HELEN MURPHY
7 ROLAND ROAD
IRVINGTON, NY 10533

SUBJECT: CLOCKTOWER LLC
Ref. Number: L05000118576

We have received your document for CLOCKTOWER LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Leslie Sellers
Regulatory Specialist II

Letter Number: 612A00006461

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: CLOCKTOWER LLC
2. (a) Principal office address of limited liability company: 237 CLOCKTOWER DRIVE
JUPITER, FLORIDA
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: 7 ROLAND ROAD
IRVINGTON, NY 10533
(Note: MAY BE POST OFFICE BOX)

12/13/05
3. Date of filing registration in Florida

LOS 000 118576
4. Document number

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

Registered Agent:

CORPORATION SERVICE COMPANY

Registered Office Address:

1201 HAYS STREET
TALLAHASSEE FLORIDA 32321

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

NEW Registered Agent:

ELEN ENOCH-MARY

NEW Registered Office Address:

7781 TRENT DRIVE

(MUST BE FLORIDA STREET ADDRESS)

TAMARAC

FL 32321

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]
Signature of a member or authorized representative of a member

HELEN MURPHY
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.

[Signature]
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00