

L060000011997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

(Business Entity Name)

L06-11997

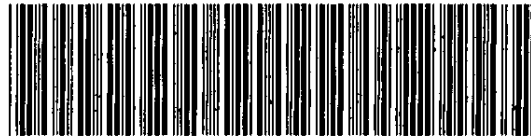
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N. G. ~~Aug 15 2008~~ AUG 15 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: QUALITY MODULAR HOMES 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:

BARBARA HEBERT
(Name of Person)

QUALITY MODULAR HOMES LLC
(Firm/Company)

131 SANDY RIDGE TRAIL
(Address)

PALAKTA FL 32177
(City/State and Zip Code)

For further information concerning this matter, please call:

BARBARA HEBERT at (386) 325-4185
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 29, 2008

BARBARA HEBERT
131 SANDY RIDGE TRAIL
PALAKTA, FL 32177

SUBJECT: QUALITY MODULAR HOMES LLC
Ref. Number: L06000011997

We have received your document for QUALITY MODULAR HOMES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 208A00043597

**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: QUALITY MODULAR HOMES LLC

2. (a) Principal office address of limited liability company: 131 SANDY RIDGE TRAIL
(Note: **MUST BE STREET ADDRESS**) PALAKTA FL 32177

(b) Mailing address of limited liability company: 131 SANDY RIDGE TRAIL
(Note: **MAY BE POST OFFICE BOX**) PALAKTA FL 32177

02/02/06 3. Date of filing/registration in Florida L06000011997 4. Document number

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

Registered Agent: JACK W ALLEN

Registered Office Address: 301 REID STREET
PALAKTA FL 32177

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

NEW Registered Agent: BARBARA HEBERT

NEW Registered Office Address: 131 SANDY RIDGE TRAIL
(MUST BE FLORIDA STREET ADDRESS) PALATKA FL 32177

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.

Barbara Hebert
(Signature of a member or authorized representative of a member)

BARBARA HEBERT Barbara Hebert
(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.

Barbara Hebert
(Signature of Registered Agent)

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