

LO6000035544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

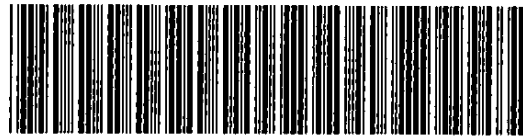
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2006

DMITRIY KOVALENKO
4527 ANTLERS HILL DRIVE EAST
JACKSONVILLE, FL 32224

SUBJECT: COURTHOUSE PROPERTIES LLC
Ref. Number: L06000035544

We have received your document for COURTHOUSE PROPERTIES LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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) 245-6851.

Gina McLeod
Document Specialist

Letter Number: 006A00046031

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Courthouse Properties LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DMITRIY KOVALENKO

(Name of Person)

COURTHOUSE PROPERTIES LLC

(Firm/Company)

4527 ANTLERS HILL DRIVE EAST

(Address)

JACKSONVILLE FLORIDA 32224

(City/State and Zip Code)

For further information concerning this matter, please call:

DMITRIY KOVALENKO

(Name of Person)

at (904) 962-9062

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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. The name of the limited liability company is: COURTHOUSE PROPERTIES LLC
2. The mailing address of the limited liability company is: 4527 ANTLER HILL DRIVE EAST
JACKSONVILLE, FLORIDA 32224

04/05/06

L060000365544

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

GOLDENHAND HAIRDRESSER, INC.

Name

11519 SUMMERHAVEN BLVD. NORTH

Address

JACKSONVILLE, FLORIDA 32258

City, State and Zip

6. The name and address of the new registered agent and/or office:

DMITRIY KOVALENKO

Name

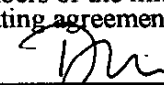
4527 ANTLER HILL DRIVE EAST

Florida street address (P.O. Box NOT acceptable)

JACKSONVILLE FL 32224

City, State and Zip

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)

DMITRIY KOVALENKO

(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 of Registered Agent)

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

FILING FEE: \$25.00

FILED
06 AUG - 8 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA