

L060000037/02

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

206-37102

(Document Number)

Certified Copies _____

Certificates of Status _____

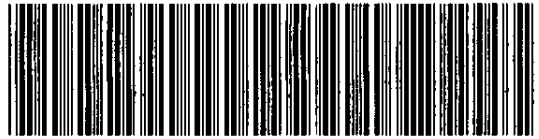
Special Instructions to Filing Officer:

A. LUNT

MAR -3 2010

EXAMINER

Office Use Only



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02/08/10--01011--003 **75.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 MAR -2 PM 1:36

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2010

KIM E. AUTREY
130 LAMORAK LANE
MAITLAND, FL 32751

SUBJECT: THE CONWAY GROUP, LLC
Ref. Number: L06000037102

We have received your document for THE CONWAY GROUP, LLC and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 110A00003380

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Conway Group, 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:

Kim E Autrey

Name of Person

The Conway Group, LLC

Firm/Company

130 Lamorak Lane

Address

Maitland, FL 32751

City/State and Zip Code

kautrey@conwaygroupllc.com

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

For further information concerning this matter, please call:

Kim E Autrey

Name of Person

at (407)

551-0579

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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2010 MAR -2 PM 1:36
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: The Conway Group, LLC

2. (a) Principal office address of limited liability company: 130 Lamorak Lane

☒

(Note: **MUST BE STREET ADDRESS**)

Maitland, FL 32751

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(b) Mailing address of limited liability company:

130 Lamorak Lane

(Note: **MAY BE POST OFFICE BOX**)

Maitland, FL 32751

04/06/06

3. Date of filing/registration in Florida

L06000037402

4. Document number

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

Registered Agent:

E. G. Coley, Jr

Registered Office Address:

5784 S SEMORAN BLVD
Orlando, FL 32822

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

NEW Registered Agent:

Kim E. Autrey

NEW Registered Office Address:

130 Lamorak Lane

(**MUST BE FLORIDA STREET ADDRESS**)

Maitland, FL 32751

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.

Kim E. Autrey
Signature of a member or authorized representative of a member

Kim E Autrey

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.

Kim E. Autrey
Signature of Registered Agent

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

FILING FEE: \$25.00