## 106000080449

(Requestor's Name)		
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(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE

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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Mainsail Appraisals, 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:	
James F. Lanoue  Name of Person  Main Sail Appraisals, LLC  Pirm/Company	
5754 Somersby Rd Address	
Windermere, FL 34786  City/State and Zip Code  Appraisal @ Mainsailappraisals. Com  E-mont Address: (to be used for future annual report notification)	
E-myli Address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
James F. Lanoue at (321) 945-3564  Name of Person Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Division of Corporations P.O. Box 6327 Constant Content Circle Tallahassec, Florida 32301	

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

## 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.

agent, or voin, in the state of Fioriaa.	
	sail Appraisals, LLC
2. (a) Principal office address of limited liability compan ( <i>Note: MUST BE STREET ADDRESS</i> )	y: 13506 Summerport Village Pk. Ste 252 Windermere, FL 34786
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	13506 Summerport Village Plwy Ste 252 Windermere, FL 34786
08/15/2006	L0600080449
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	Lanoue, James F MGRM
Registered Office Address:	13566 Summerport Village Pkay Ste 252 Windermere, FL 34786
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent: <u>NEW Registered Office Address:</u> <u>(MUST BE FLORIDA STREET ADDRESS)</u>	W Registered Office address:  5754 Somer & By Rd  Winder Mere & FL = 34786
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change(sthe members of the limited liability company or as otherwise the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	laws of the State of Florida, it is hereby Florida street address of the relegatored office it intical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
Tames F Lanoue Printed or typed name of signee	<del></del>
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability company.	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in ercly reflect a change in the registered office my has been notified in writing of this change.

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

Signature of Registered Agen