

L070000011004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

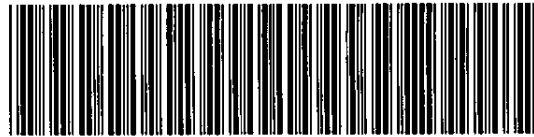
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 FEB - 6 PM 1:54

FEB 7 2013

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMELIA ISLAND PET SITTERS, 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:

DEBORAH LYNN OLSON
Name of Person

AMELIA ISLAND PET SITTERS, LLC
Firm/Company

538 SANTA MARIA DR
Address

FERNANDINA BEACH, FL 32034
City/State and Zip Code

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

For further information concerning this matter, please call:

DEBORAH LYNN OLSON at (904) 335-0497
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

RECEIVED

13 FEB -6 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 28, 2013

DEBORAH LYNN OLSON
538 SANTA MARIA DR
FERNANDINA BEACH, FL 32034

SUBJECT: AMELIA ISLAND PET SITTERS, LLC
Ref. Number: L07000011004

We have received your document for AMELIA ISLAND PET SITTERS, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return 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.

Tammy Hampton
Regulatory Specialist II

Letter Number: 513A00002071

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: AMELIA Island Pet Sitters, LLC
2. (a) Principal office address of limited liability company: 1889 LAKESIDE DR., SOUTH
FERNANDINA BEACH, FL
32034
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: P.O. Box 16113
FERNANDINA BEACH, FL
32034
(Note: MAY BE POST OFFICE BOX)
- 1/29/2007
3. Date of filing/registration in Florida
- L07000011004
4. Document number

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

Registered Agent:

MARY B. PIKULA

Registered Office Address:

1889 LAKESIDE DR., SOUTH
FERNANDINA BEACH, FL
32034

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

NEW Registered Agent:

DEBORAH LYNN OLSON

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)

538 SANTA MARIA DR
FERNANDINA BEACH, FL 32034

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.

Mary Burkhard Pikula

Signature of a member or authorized representative of a member

MARY BURKHARD PIKULA

Printed or typed name of signer

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.

Deborah Lynn Olson

Signature of Registered Agent

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 FEB - 6 PM 1