

2070000 12794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

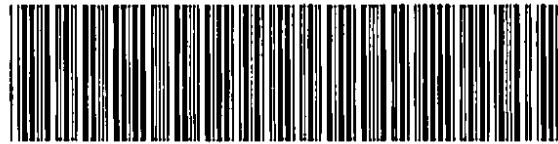
(Business Entity Name)

(Document Number)

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STATE
TALLAHASSEE, FLORIDA

J. LEGGETT
NOV 15 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2017

HUZAIFA RAZAK
3122 ZAHARIAS DR.
ORLANDO, FL 32837 US

SUBJECT: FIRST CHOICE, LLC
Ref. Number: L07000012794

We have received your document for FIRST CHOICE, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return the corrected original and one copy of 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) 254-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 317A00021592

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ALL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Choice, 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:

Huzaifa Razak

Name of Person

First Choice, LLC

Firm/Company

3122 Zaharias Dr.

Address

Orlando, FL 32837

City/State and Zip Code

HuzaifaR2006@aol.com

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

For further information concerning this matter, please call:

Huzaifa Razak

at (407) 334-3212

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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, 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: First Choice, LLC
2. (a) FIRST CHOICE, LLC
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
3122 ZAHARIAS DR.
ORLANDO, FL 32837
- (b) FIRST CHOICE, LLC
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
3122 ZAHARIAS DR.
ORLANDO, FL 32837
3. 02/05/2007
Date of filing/registration in Florida
4. L07000012794
Document number
5. (a) FIRST CHOICE, LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
FIRST CHOICE, LLC
Registered Office Address (Note: MUST BE FLORIDA STREET ADDRESS)
11811 HARTFORDSHIRE WAY
ORLANDO, FL 32824
- (b) HUZAIFA RAZAK
Enter name of NEW Registered Agent and/or NEW Registered Office address:
HUZAIFA RAZAK
NEW Registered Office Address:
3122 ZAHARIAS DR.
ORLANDO, FL 32837

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TALLAHASSEE, FLORIDA

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.

Huzaifa Razak

Signature of member or authorized representative of a member

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 605, 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