

LO7 0000 21650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900258175539

03/25/14--01012--005 **25.00

FILED
2014 MAR 25 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 28 2014

T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sugar Beach Weddings 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:

Connie Reeder
Name of Person

Sugar Beach Weddings
Firm/Company

206 Sandy Cay Dr.
Address

Miramar Beach FL. 32550
City/State and Zip Code

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

For further information concerning this matter, please call:

Connie Reeder at (850) 687-4020
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

2014 MAR 25 PM 1:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**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: Sugar Beach Wedding

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

3. 8/20/2012 4. LO 7 0000 21250
Date of filing/registration in Florida Document number

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

151 Mary Esther Blvd. Suite 502A
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Mary Esther, FL 32569

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

206 Sandy Cay Dr.
NEW Registered Office Address:

Miramar Beach, FL 32550

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.

Connie Reeder
Signature of a member or authorized representative of a member

Connie Reeder
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 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.

Connie Reeder
Signature of Registered Agent