

L07000022771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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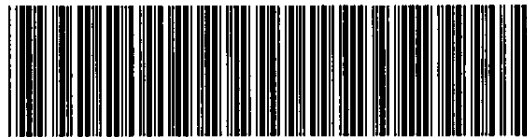
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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FEB 13 2012
T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chosen Properties 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:

Edward Workinger

Name of Person

Chosen Properties LLC

Firm/Company

6300 Dora Dr

Address

Mount Dora, FL 32757

City/State and Zip Code

eddyworker@gmail.com

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

For further information concerning this matter, please call:

Edward Workinger

Name of Person

at (352)

217-1073

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 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: Chosen Properties LLC

2. (a) Principal office address of limited liability company: Chosen Properties LLC

(Note: MUST BE STREET ADDRESS)

6300 Dora Dr
Mount Dora, FL 32757

(b) Mailing address of limited liability company: Chosen Properties LLC

(Note: MAY BE POST OFFICE BOX)

6300 Dora Dr
Mount Dora, FL 32757

2/28/2007

3. Date of filing/registration in Florida

L07000022771

4. Document number

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

Registered Agent:

WORKINGER, EDWARD C JR

Registered Office Address:

Chosen Properties LLC
6831 Lake View Dr
Yalaha, FL 34797

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

NEW Registered Agent:

WORKINGER, EDWARD C JR

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

Chosen Properties LLC
6300 Dora Dr
Mount Dora, FL 32757

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.

Edward C. Workinger

Signature of a member or authorized representative of a member

Edward C Workinger

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.

Edward C. Workinger

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
FEB 10 PM 12:00