## LU70000 60331

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 5, 2016

STACY L. HAAS-GOODWIN, PLLC PREMIER SOTHEBY'S INTERNATIONAL REALTY 16311 CLEARLAKE AVENUE LAKEWOOD RANCH, FL 34202

SUBJECT: STACY L GOODWIN PLLC

Ref. Number: L07000060331

We have received your document for STACY L GOODWIN PLLC 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 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) 245-6051.

Shelia H Young Regulatory Specialist II

Letter Number: 316A00016516

Herricanital you!

## **COVER LETTER**

	Registration Section Division of Corporations				
SUBJE	STACY L. GOODWIN, PLLC				
SCHOL		imited Liability Company			
Dear Si	r or Madam:				
The enc	The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.				
Please r	eturn all correspondence concerning this matt	er to the following:			
STAC	Y L. HAAS-GOODWIN, PLLC				
<del></del>	Name of Person				
PREM	IER SOTHEBY'S INTERNATIONAL R	EALTY			
	Firm/Company				
16311	CLEARLAKE AVENUE				
	Address				
LAKE\	WOOD RANCH, FL 34202				
	City/State and Zip Code				
STAC	Y@HAASGOODWIN.COM				
E-	mail address: (to be used for future annual rep	port notification)			
For furt	her information concerning this matter, please	e call:			
STAC	Y L. HAAS-GOODWIN	941 587-4359			
	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 amou	nt:			
	■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

## 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.

(a)	STACY L. GOODWIN, PLLC	(b) SAME	
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	16311 CLEARLAKE AVENUE	SAME	
	LAKEWOOD RANCH, FL 34202		
	AUGUST 1, 2016	L070000	060331
	Date of filing/registration in Florida	4.	Document number
(a)	STACY L. GOODWIN, PLLC		
	Registered Office Address (MUST BE FLORIDA STREET)  16311 CLEARLAKE AVENUE	ADDRESS)	16 SEP
(b)	LAKEWOOD RANCH , FI  STACY L. HAAS-GOODWIN  Enter name of NEW Registered Agent and/or NEW Registered	34202 Office address:	P 12 AM 7: 98  ANNY OF STATE ANSSELT LURIO
(b)	LAKEWOOD RANCH , FI	·	12 AM 7: 3 SSECTEURN

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.

Signature of a member or authorized representative of a member STACY L. HAAS-GOODWIN, PLLC

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