Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

1 (850)617-6383

From:

Account Name 1 C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:	
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## REGISTERED AGENT CHANGE CANOPUS SOUND, LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

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MAR 1 7 2011

**EXAMINER** 

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Corporate Filing Menu

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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: CANOPUS SOUND, LLC	See A Vica Siller Community	
Name of Lin	nited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offi	ice Change and fee(a) are submitted for filing.	
Please return all correspondence concerning the	is matter to the following:	
	AL SE	
	I C A R	
Marc Nocera, Attorney	<u></u>	
Name of Person	S AR	
	· EO	
Holtec International		
Firm/Company	.OR	
555 Liceoln Drive West	30	
Address		
Cympi dell		
Markon, New Jersey 08053		
City/State and Zip Code		
m		
m.nocms@holtec.com  E-mail address; (to be used for future annual report not	(testing)	
E-man digitas, (to be made to made minera report son	enamely	
For further information concerning this matter,	, please call:	
Peggy Routzahn	ut ( 215 ) 399-9450	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassec, Florida 32314	
·	amount.	
Enclosed is a check for the following		
1 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	
•		

INHS18 (5/08)

FLOIS - 1 L/14/2014 C Y System Online

FILED 2011 MARIG MARIG

## TICO CO

## 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:  (a) Principal office address of limited fiability company:  (Nate: MUST BE STREET ADDRESS)  (b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  (b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  (c) Same as above  (c) Same as abov	2. (a) Principal office address of limited fiability company:  (Nate: MUST BE STREET ADDRESS)  Markot  (b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  Same a.  (Note: MAY BE POST OFFICE BOX)  L07000  3. Date of filing/registration in Florida  5. (a) Registered Agent and Registered Office shown on the reconcentrated Agent:  Registered Agent:  Registered Office Address:  (b) Enter name of NEW Registered Agent and/or NEW Registered Agent:  NEW Registered Agent:  (c) To Company  NEW Registered Office Address:  (d) Tallaha  (e) The limited liability company is not organized under the laws of confirmed that after the change or changes are made, the Florida and the business office of the registered agent will be identical. Oliability company, it is hereby confirmed that the change(s) was/w of the members of the limited liability company or as otherwise pror the operating agreement of the limited liability company.  Signature of a member or authorbat representative of a hamber  Frank Bongrazio  Printed or typed asme of signes				
(Nate: MUST BE STREBT ADDRESS)  (b) Mailing address of limited liability company:  (Nate: MAY BE POST OFFICE BOX)  (b) Mailing address of limited liability company:  (Nate: MAY BE POST OFFICE BOX)  (c) Registered May a BE POST OFFICE BOX)  (d) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  Registered Agent:  (c) Registered Agent:  (c) Registered Agent:  (c) Registered Office Address:  (c) Registered Office Address:  (d) Registered Office Address:  (e) Registered Agent:  (f) Registered Agent:  (h) Enter name of NEW Registered Agent and/or NEW Registered Office address:  (h) Registered Office Address:  (h) Enter name of NEW Registered Agent:  (c) T Corporation System  (d) South Fine Island Road  (e) Flantation  (f) Flantation  (f) It is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business of line of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business of line imited 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 by an affirmative vote or the operating agreement of the limited liability company.	(Note: MUST BE STREET ADDRESS)  (b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  5. (a) Registered Agent and Registered Office shown on the reconstruction of the Registered Agent:  Registered Agent:  Registered Office Address:  (b) Enter name of NEW Registered Agent and/or NEW Registered NEW Registered Agent:  (c) NEW Registered Agent:  (c) Tool Halland NEW Registered Agent and/or NEW Registered Agent:  (d) Enter name of NEW Registered Agent and/or NEW Registered Agent:  (e) NEW Registered Office Address:  (f) NEW Registered Office Address:  (g) NEW Registered Office Address:  (h) Enter name of NEW Registered Agent and/or NEW Registered Agent:  (h) Enter name of NEW Registered Agent and/or NEW Registered Agent:  (h) Enter name of NEW Registered Agent and/or NEW Registered Agent:  (c) Tool Halland NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered Agent:  (c) Tool Halland NEW Registered Agent and/or NEW Registered A			···	
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  same as above  LO700089175  LO700089175  LO700089175  Second of filling/registration in Florida  4. Document number  Registered Agent and Registered Office shown on the records of the Florida Dept. of Second Registered Agent:  Registered Office Address:  Registered Office Address:  1201 Hays Street  Tallahassee, FL 32301  (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  CT Corporation System  NEW Registered Office Address:  1200 South Pine Island Road  Plantation  FL 33324  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 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 moments 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 of the limited liability company.  Signature of a member of the limited liability company.	(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  5. (a) Registered Agent and Registered Office shown on the reconsequence of the limited liability company is not organized under the laws of confirmed that after the change or changes are made, the Florida and the business of the limited liability company, it is hereby confirmed that the change(s) was/w of the members of the limited liability company or as otherwise profit the operating agreement of the limited liability company.  Signature of a member or authorized representative of a number  Frank Bongrazio  Printed or typed name of signee	555 West Lincoln Drive W	esi		
(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  Earns as above  LO7000089175  LO7000089175  LO7000089175  Cosporation Service Company  Registered Agent:  Registered Agent:  Registered Office Address:  Registered Office Address:  NEW Registered Agent:  NEW Registered Agent:  NEW Registered Agent:  NEW Registered Agent:  NEW Registered Office Address:  NEW Registered Office Address:  1201 Hays Street  Tallahassee, FL 32301  (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Office Address:  NEW Registered Office Address:  1200 South Pine Island Road  Plantation  FL 33324  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 of fine 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 moments 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 subsorbal representative of a damber  Frank Bongrazio	(b) Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  5. (a) Registered Agent and Registered Office shown on the reconstruction of filing/registration in Florida  5. (b) Registered Agent:  Registered Agent:  Registered Office Address:  Cospor  Registered Office Address:  (b) Enter name of NEW Registered Agent and/or NEW Registered Agent:  NEW Registered Agent:  CT Company  NEW Registered Office Address:  (c) The Company is not organized under the laws of confirmed that after the change or changes are made, the Florida sand the business office of the registered agent will be identical. Of the members of the limited liability company or as otherwise pror the operating agreement of the limited hability company.  Signature of a member or authorized representative of a humber  Frank Bongrazio  Printed or typed name of signee				
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Printed or typed name of signee					
	I harehy accent the appaintment as registered agent and payed to				
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 filted 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.  On the companion system of the company has been notified in writing of this change.	comply with the provisions of all statutes relative to the proper an and I am familiar with and accept the obligations of my position a Chapter 608, F.S. Or, if this document is being flict to merely refaddress, I hereby confirm that the limited liability company has been companied by the company of the components of	get in this capacity. I fi	erther agr of my du ovided for	ee to lies. In	
YVY VIII.	Signature of Registered Agent MARGARET E.	l complete pérformance registered agent as pre et à change in the règi en notified in writing of	stered off this chan	ge.	

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