L07000105070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2017

TAMMY ASHLEY ****2ND MAILING
8586 POTTER PARK DR
SARASOTA, FL 34241 US

SUBJECT: BY THE BOOKS, LLC
Ref. Number: L07000105070

We have received your document for BY THE BOOKS, 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):

YOU NEED TO COMPLETE SECTION A AND B

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 717A00018067

2017 OCT 23 PM 3:55

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BY THE BOOKS 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:

TAMMY ASHLEY
Name of Person

BY THE BOOKS LLC
Firm/Company

6283 REISTERSTOWN RD
Address

NORTH PORT, FL 34291
City/State and Zip Code

INFO@BYTHEBOOKSFL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TAMMY ASHLEY at (941) 315-8282
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 605.0113 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: BY THE BOOKS LLC

2. (a) 6283 REISTERSTOWN RD
NORTH PORT, FL 34291
Principal office address of limited liability company
(Note: MUST BE STREET ADDRESS)

(b) 6283 REISTERSTOWN RD
NORTH PORT, FL 34291
Mailing address of limited liability company.
(Note: MAY BE POST OFFICE BOX)

3. 10/16/2007
Date of filing registration in Florida

L07000105070
Document number

5. (a) Tammy A. Ashley
Registered Agent and Registered Office address on file with the Florida Dept. of State

4638 Caribou Ave
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

North Port FL 34287

(b) Tammy A. Ashley
Enter name of NEW Registered Agent and/or NEW Registered Office address

6283 Reisterstown Rd
NEW Registered Office Address

North Port FL 34291

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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

Tammy Ashley
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.

Signature of Registered Agent

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