

LO7000 106708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
OCT 1 2012
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2012

JOHN C. ROGERS
8297 CHAMPIONS GATE BLVD., SUITE # 344
CHAMPIONS GATE, FL 33896

SUBJECT: SIR PROPERTIES, LLC
Ref. Number: L07000106708

We have received your document for SIR PROPERTIES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Deborah Bruce
Regulatory Specialist II

Letter Number: 312A00022757

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TALLAHASSEE, FLORIDA

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AND
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIR 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:

John C. Rogers
Name of Person

SIR Properties, LLC
Firm/Company

8297 Champions Gate Blvd. Ste 344
Address

Champions Gate, FL 33596
City/State and Zip Code

jrogers@orlando realty trust.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Rogers at (407) 557-2703
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

INHS18 (5/08)

previously submitted and
being held by D. of C.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

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:

SIR Properties, LLC

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

8297 Champions Gate Blvd.

(Note: **MUST BE STREET ADDRESS**)

Suite 344

Champions Gate, FL 33896

(b) Mailing address of limited liability company:

8297 Champions Gate Blvd.

(Note: **MAY BE POST OFFICE BOX**)

Suite 344

Champions Gate, FL 33896

10/22/2007

3. Date of filing/registration in Florida

L07000106708

4. Document number

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

Registered Agent:

Small Business Resources USA, Inc.

Registered Office Address:

1601 Park Center Dr

Suite 6A

Orlando, FL 32835

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

NEW Registered Agent:

L.T.S.C. LLC

NEW Registered Office Address:

28 West Park Avenue

(**MUST BE FLORIDA STREET ADDRESS**)

Orlando

, FL 32853

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

JOHN C. ROGERS

Printed or typed name of signer

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.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00