

L080000004939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500210659795

08/05/11--01006--002 **25.00

FILED
11 AUG -5 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG - 8 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Vaughn Investments LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vaughn E. Denard

Name of Person

Vaughn Investments LLC

Firm/Company

783 Creekwater Terrace Suite 205

Address

Lake Mary FL 32746

City/State and Zip Code

vone@vaughninvestments.com

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

For further information concerning this matter, please call:

Vaughn E. Denard

Name of Person

at (407)

687-4412

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
11 AUG -5 PM 2:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Vaughn Investments LLC

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

(Note: MUST BE STREET ADDRESS)

793 Creekwater Terrace, Apt 205
Lake Mary, FL 32746

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

PO Box 1106
Sanford, FL 32772

01/14/2008

L08000004939

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Denard, Vaughn E Pres

Registered Office Address:

793 Creek Water Terrace Apt 205
Lake Mary, FL 32746

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

NEW Registered Agent:

InCorp Services, Inc.

NEW Registered Office Address:

17888 67th Court North

(MUST BE FLORIDA STREET ADDRESS)

Loxahatchee, FL 33470

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.

Vaughn E. Denard
Signature of a member or authorized representative of a member

VAUGHN E. DENARD
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.

[Signature] on behalf of InCorp Services, Inc.
Signature of Registered Agent

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