

L080000024692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

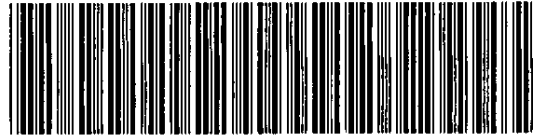
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 18, 2016

ALYSSA M PICKLES  
20 3RD STREET SUITE 209  
WINTER HAVEN, FL 33880 US

SUBJECT: OLSON-UPDIKE GROVES, LLC  
Ref. Number: L08000024692

RECEIVED  
2016 NOV - 7 PM 4: 12  
SECRETARIAT OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for OLSON-UPDIKE GROVES, 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):

A post office box is not an acceptable address for the registered agent.

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: 416A00022397

*Enclosed. Thank you!*

*11/4/16*

**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.*

1. Name of the limited liability company: OLSON-UPDIKE GROVES, LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

741 Frederick Avenue

P.O. Box 909

Dundee, FL 33838

Dundee, FL 33838

March 10, 2008

L08000024692

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:

Clint D. Updike, II

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1730 Crump Road

Winter Haven, FL 33881

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

J.W. Taylor, Esq., Taylor & Associates, Attorneys at Law, PL

NEW Registered Office Address:

20 3d St. SW, Suite #209

Winter Haven, FL 33880

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TALLAHASSEE, FLORIDA

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.

Katherine W Olson

Signature of a member or authorized representative of a member

Katherine W Olson

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]  
Signature of Registered Agent

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