

L08000062378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AUG 16 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Three Palms Construction 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:

Jennifer McCall
Name of Person

Three Palms Construction LLC
Firm/Company

4384 Arnold Ave
Address

Naples FL 34104
City/State and Zip Code

info@threepalmsconstruction.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer McCall at (239) 449-6450
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

Jan 17 2009

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
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: Three Palms Construction LLC

2. (a) 4384 Arnold Ave (b) 4384 Arnold Ave

Principal office address of limited liability company:

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

Mailing address of limited liability company:

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

Naples FL 34104

Naples FL 34104

6/25/2008

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3. Date of filing/registration in Florida

4. Document number

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

1190 26th Ave North

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Naples, FL 34103

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

4384 Arnold Ave

NEW Registered Office Address:

Naples, FL 34104

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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.

Signature of a member or authorized representative of a member

JENNIFER McCALL

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