

L080000086210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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A. LUNT

NOV 24 2009

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2009

ALAN LUCAS
9403 SARAZEN PLACE
PALMETTO, FL 34221

SUBJECT: NUFACTS LLC
Ref. Number: L08000086210

We have received your document for NUFACTS 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) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 709A00034435

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: NOFACTS LLC.
Name of Corporation

DOCUMENT NUMBER: L08000086210

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MR. ALAN LUCAS
Name of Contact Person

NOFACTS LLC
Firm/Company

9403 SARAZEN PLACE
Address

PALMETTO FL 34221
City/State and Zip Code

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

For further information concerning this matter, please call:

ALAN LUCAS at (727) 512-0333
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: NUFACTS LLC

2. (a) ☒ Principal office address of limited liability company: 9403 SARAZEN PL
PALMETTO, FL 34221
(Note: MUST BE STREET ADDRESS)

(b) ☐ Mailing address of limited liability company: 9403 SARAZEN PL
PALMETTO FL 34221
(Note: MAY BE POST OFFICE BOX)

SEPT 10, 2008
3. Date of filing/registration in Florida

L 0800 0086210
4. Document number

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

Registered Agent:

UNITED STATES CORP. AGENTS INC

Registered Office Address:

320 S. FLAMINGO ROAD
347, PEMBROKE PINES
FL 33027

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

NEW Registered Agent:

ALAN LUCAS

NEW Registered Office Address:

9403 SARAZEN PL

(MUST BE FLORIDA STREET ADDRESS)

PALMETTO

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.

Alan Lucas
Signature of a member or authorized representative of a member

ALAN LUCAS
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.

Alan Lucas
Signature of Registered Agent

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