

L08000097487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 OCT 23 AM 10:57

FILED

J. SAULSBERRY  
EXAMINER  
OCT 24 2012

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IMESON HOLDINGS OF NORTH FLORIDA, 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:

STEPHEN M STARKE

Name of Person

Firm/Company

2016-1 IMESON ROAD

Address

JACKSONVILLE, FL 32220

City/State and Zip Code

steve@firstcoastland.net

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

For further information concerning this matter, please call:

Stephen Starke

Name of Person

at ( 904 )

891-6080

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

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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: IMESON HOLDINGS OF NORTH FLORIDA, LL

2. (a) Principal office address of limited liability company: 2016-1 Imeson Road

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

Jacksonville, FL 32220

(b) Mailing address of limited liability company: 2016-1 Imeson Road

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

Jacksonville, FL 32220

10/15/2008

L08000097487

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

Chuck Smith

Registered Office Address:

2016-1 Imeson Road

Jacksonville, FL 32220

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SECRETARY OF STATE

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

**NEW Registered Agent:**

Stephen Starke

**NEW Registered Office Address:**

2016-1 Imeson Road

**(MUST BE FLORIDA STREET ADDRESS)**

Jacksonville, FL 32220

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.

Emily Starke  
Signature of a member or authorized representative of a member

Emily Starke

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.*

Chuck Smith  
Signature of Registered Agent

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

FILING FEE: \$25.00