

LOF 000116594

(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



200274722632

07/08/15--01020--016 **55.00

FILED
15 JUL -8 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 09 2015

J SHIVERS

LAW OFFICES OF

Mark Lang & Associates

222 WEST COMSTOCK AVENUE • SUITE 210 • POST OFFICE BOX 2615 • WINTER PARK, FLORIDA 32790-2615
TELEPHONE (407) 599-4433 • FACSIMILE (407) 599-5955 • WWW.LANGLAW.NET

July 6, 2015

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Augamin, Limited Liability Company
General/Company matters
File No.: 15-514

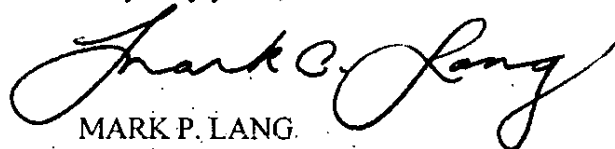
Dear Sir/Madam,

Enclosed herein please find the Cover Letter and Statement of Change of Registered Office or Registered Agent for Augamin, Limited Liability Company.

Also enclosed is the firm's check in the amount of Fifty Five Dollars and Zero Cents (\$55.00) which represents the filing fee to change the Registered Agent for Augamin, Limited Liability Company.

Thanking you for your cooperation and assistance regarding this matter, I remain

Very truly yours,


MARK P. LANG

MPL/mme
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Augamin, Limited Liability Company

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:

Mark P. Lang

Name of Person

Mark Lang & Associates

Firm/Company

222 West Comstock Avenue, Suite 210

Address

Winter Park, Florida 32789

City/State and Zip Code

service@langlaw.net

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

For further information concerning this matter, please call:

Mark P. Lang, Esquire

at (407) 599-4433

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

**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: Augamin, Limited Liability Company

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

8951 Trussway Boulevard

419 Harbor Oaks Pointe

Orlando, Florida 32824

Orlando, Florida 32824

December 24, 2008

L08000116594

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:

Michael J. Stewart

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

8951 Trussway Boulevard

Orlando, FL 32824

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

Mark P. Lang, Esquire

NEW Registered Office Address:

222 West Comstock Avenue, Suite 210

Winter Park, FL 32789

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.

Michael J. Stewart
Signature of a member or authorized representative of a member

Michael J. Stewart

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.

Mark P. Lang
Signature of Registered Agent

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

FILED
15 JUL - 8 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA