

L09000005597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

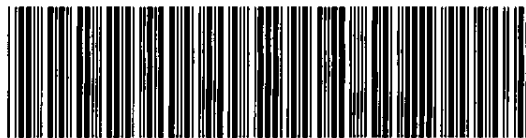
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 10 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CNC Ingram Enterprise of Florida, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nicole Ingram
Name of Person
CNC Ingram Enterprise of Florida, LLC
Firm/Company
6173 Westgate Dr. #535
Address
Orlando, FL 32825
City/State and Zip Code
Nicole Ingram 1004@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Ingram at (404) 518-5868
Name of Person Area Code & Daytime Telephone Number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: CNC Ingram Enterprise of Florida, LLC

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)

3501 Ave. M

Ft. Pierce, FL 34947

01/17/2009
3. Date of filing/registration in Florida

L09000005597
4. Document number

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

Registered Agent:

Christopher Ingram

Registered Office Address:

3501 Ave M

Ft. Pierce, FL 34947

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

NEW Registered Agent:

Nicole Ingram

NEW Registered Office Address:

6173 Westgate

(MUST BE FLORIDA STREET ADDRESS)

Orlando

FL 32825

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.

Nicole Ingram
Signature of a member or authorized representative of a member

Nicole Ingram
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.

Nicole Ingram
Signature of Registered Agent

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

FILING FEE: \$25.00

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Nicole Ingram	9842 Tivoli Villa Dr Orlando, FL 32829	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Chrystal Ingram	9842 Tivoli Villa Dr Orlando, FL 32829	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Nicole Ingram	6173 Westgate Dr. #535 Orlando, FL 32825	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Chrystal Ingram	6173 Westgate Dr. #535 Orlando, FL 32825	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Jennifer Ingram	3501 Ave. M Ft. Pierce, FL 34947	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Christopher Ingram	3501 Ave. M Ft. Pierce, FL 34947	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Mailing Address is always: 3501 Ave. M
Ft. Pierce, FL 34947

Principal Address should be: 2431 Aloma Ave Suite 285
Winter Park, FL 32792

Dated _____

Nicole Y. Ingram
Signature of a member or authorized representative of a member

Nicole L Ingram
Typed or printed name of signee

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CLERK OF STATE
TALLAHASSEE, FLORIDA