

L090000010825

(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



000272591910

05/04/15--01050--011 **105.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2015 MAY 22 PM 1:21

R O/chg/cc
@ 5/27/15

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First 10, 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:

Clarke O. Mazza
Name of Person

First 10, LLC
Firm/Company

11555 Central Parkway, Ste: 402
Address

Jacksonville, Florida 32224-2695
City/State and Zip Code

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

For further information concerning this matter, please call:

Clarke O. Mazza at (904) 744-7478
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2015

CLARKE O. MAZZA
FIRST 10, LLC
11555 CENTRAL PARKWAY - STE. 402
JACKSONVILLE, FL 32224-2695

SUBJECT: FIRST 10, LLC
Ref. Number: L09000010825

We have received your document for FIRST 10, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 915A00009810

RECEIVED
15 MAY 22 PM 3:51
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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: First 10, LLC
2. (a) 11555 Central Parkway
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
Ste: 402
Jacksonville, Florida 32224-2695
- (b) 11555 Central Parkway
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Ste: 402
Jacksonville, Florida 32224-2695
3. 02/03/2009
Date of filing/registration in Florida
4. L090000010825
Document number
5. (a) Clarke O. Mazza
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2201 Rogero Road
Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)
Jacksonville, FL 32211
- (b) Clarke O. Mazza
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
11555 Central Parkway
NEW Registered Office Address:
Ste: 402
Jacksonville, FL 32224-2695

FILED
SECRETARY OF CORPORATION
DIVISION OF CORPORATIONS
2015 MAY 22 PM 1:21

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]
Signature of a member or authorized representative of a member

CLARKE O. MAZZA

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]
Signature of Registered Agent