# L09000018764

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T. HAMPTON FEB - 3 2010

EXAMINER

### **COVER LETTER**

TO: Registration Section Division of Corporations		
	iceco, LLC d 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 m	atter to the following:	
D. Frank Wright		
Name of Person	<del></del>	
Wright, Fulford, Moorhead & Brown, P./	<u>A.</u>	
505 Maitland Avenue, Suite 1000 Address		
Altamonte Springs, Florida 32701 City/State and Zip Code		
fwright@wfmblaw.com E-mail address: (to be used for future annual report notification)	on)	
For further information concerning this matter, ple	ase call:	
D. Frank Wright at (	407 ) 425-0234	
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	



WRIGHT, FULFORD, MOORHEAD & BROWN ATTORNESS

WRIGHT, FULFORD, MOORHEAD & BROWN, PA
505 MAITLAND AVENUE / SUITE 1000 / ALTAMONTE SPRINGS, FL 32701
407 425 0234 PHONE / 407 425 0260 FAX / www.mblaw.com

January 14, 2020

Via U.S. Mail

Division of Corporations Attention: Registration Section Post Office Box 6327 Tallahassee, Florida 32314

Re: CEI Florida, LLC

Document Number: L05000076192

CEI Group, LLC

Document Number: M05000004307

CEI Group International, LLC

Document Number: L05000076520

CEI Roofing Company, LLC

Document Number: L05000076195

Maltese Cross Investments and Holdings, LLC

Document Number: L09000022480

Officeco, LLC

Document Number: L09000018766

United Group of Central Florida, LLC

Document Number: L09000061958

#### To Whom It May Concern:

Enclosed please find an original and one copy of the Cover Letter and Statement of Change of Registered Office regarding the aforementioned companies. Also enclosed is my firm's check number 33694 in the amount of \$175.00 for the cost of your filing fees. Please process the enclosed and return a stamped copy of each of the filings to my office in the enclosed, self-addressed, stamped envelope provided herein.

Division of Corporations Attention: Registration Section January 14, 2010 Page 2 of 2

Thank you for your attention for this matter. Should you have any questions, please contact me at 800-327-0234.

Sincerely,

Tiffany N. Rapisarda

Assistant to D. Frank Wright

/tnr/

Enclosures









WRIGHT, FULFORD, MOORHEAD & BROWN ATTORNEYS

WRIGHT, FULFORD, MOORHEAD & BROWN, P.A.
505 MAITLAND AVENUE / SUITE 1000 / ALTAMONTE SPRINGS, FL 32701
407 425 0234 PHONE / 407 425 0260 FAX / www.wfinblaw.com

January 29, 2020

Via U.S. Mail

Ms. Tammy Hampton Division of Corporations Registration/Qualification Section Post Office Box 6327 Tallahassee, Florida 32314

Re: Officeco, LLC

Document Number: L09000018766

Dear Ms. Hampton:

Pursuant to your request, enclosed please find the original Statement of Change of Registered Office executed by a member and registered agent regarding the above-referenced matter. Please process the enclosed and return a stamped copy of the filing to my office in the enclosed, self-addressed, stamped envelope provided herein.

Thank you for your attention for this matter. Should you have any questions, please contact me at 800-327-0234.

Sincerely,

Tiffany N. Rapisarda

Assistant to D. Frank Wright

/tnr/

Enclosures



## FLORIDA DEPARTMENT OF STATE Division of Corporations

#### RECEIVED

10 FEB -2 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

January 20, 2010

D FRANK WRIGHT WRIGHT FULFORD MOORHEAD & BROWN PA 505 MAITLAND AVE - STE 1000 ALTAMONTE SPRINGS, FL 32701

SUBJECT: OFFICECO, LLC Ref. Number: L09000018766

We have received your document for OFFICECO, LLC and your check(s) totaling \$175.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of 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) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 210A00001575

## 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:	Officeco, LLC
2. (a) Principal office address of limited liability company	505 Maitland Avenue, Suite 1000
(Note: MUST BE STREET ADDRESS)	Altamonte Springs, Florida 32701
(b) Mailing address of limited liability company:	Post Office Box 2828
(Note: MAY BE POST OFFICE BOX)	Orlando, Florida 32802
2/24/2009	L09000018766
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on t	he records of the Florida Dept. of State:
Registered Agent:	D. Frank Wright
Registered Office Address:	145 North Magnolia Avenue Orlando, Florida 32801
NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	505 Maitland Avenue, Suite 1000  Altamonte Springs ,FL32701
If the limited liability company is not organized under the legistered that after the change or changes are made, the Fland the business office of the registered agent will be identiability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company  Signature of Thember or authorized representative of a member  D.F.A. W. W. C. H. MEULEL  Printed or typed name of signee  I hereby accept the appointment as registered agent and accomply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to men address, I hereby confirm that the limited liability company.  Signature of Registered Agent  Division of Corporations, P.O. Box 632	aws of the State of Florida, it is hereby orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirm live of the wise provided in the articles of organization.  BETARY OF STATES OF STA
FILING FEE: \$2	