

LOG0000 27624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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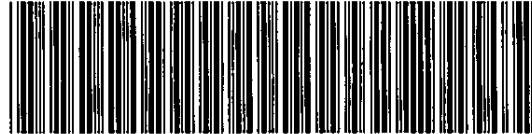
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

AUG 1

COVER LETTER

TO: Registration Section
Division of Corporations

W. J. Stivers Consulting

SUBJECT: _____
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:

William J. Stivers

Name of Person

W. J. Stivers Consulting

Firm/Company

6208 Cypress Bend Court

Address

University Park, FL 34201

City/State and Zip Code

wstivers1@gmail.com

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

For further information concerning this matter, please call:

William Stivers

941

302-8546

at (_____) _____

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.

W. J. Stivers Consulting

1. Name of the limited liability company: W. J. Stivers Consulting
2. (a) 5265 University Parkway, Suite 101
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
University Park, FL 34201
- (b) 6208 Cypress Bend Court
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
University Park, FL 34201
3. 3/20/2009
Date of filing/registration in Florida
4. L09000027624
Document number

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

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

8437 TUTTLE AVENUE SUITE #307

SARASOTA, FL **34243**

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

N/A - *address change only*

NEW Registered Office Address:

5265 University Parkway, Suite 101

University Park, FL **34201**

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.

William J. Stivers

Signature of a member or authorized representative of a member

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 of Registered Agent

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TALLAHASSEE, FLORIDA