

L09000048971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

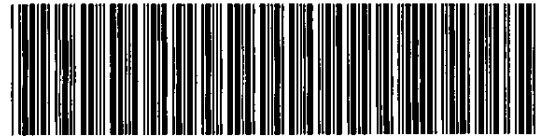
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAY 09 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 24, 2017

PHILLIP S. SMITH, ESQ.
MCLIN BURNESE, P.A.
1000 W MAIN STREET
LEESBURG, FL 34748

SUBJECT: ACTIVATE SALES AND MARKETING, LLC
Ref. Number: L09000048971

We have received your document for ACTIVATE SALES AND MARKETING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 917A00007898

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Activate Sales and Marketing, 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:

Phillip S. Smith, Esq.

Name of Person

McLin Burnsed, P.A.

Firm/Company

1000 West Main Street

Address

Leesburg, Florida 34748

City/State and Zip Code

phils@mclinburnsed.com

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

For further information concerning this matter, please call:

Phillip S. Smith at (352) 787-1241
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

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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: Activate Sales and Marketing, LLC

2. (a) 16500 Bay Club Drive, Clermont, FL 34711
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**)

3. 05/20/2009 Date of filing/registration in Florida
4. L09000048971 Document number

5. (a) Teri Valada
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
W & P Services, Inc.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
143 Killarney Drive
Winter Park, FL 32789

(b) Phillip S. Smith
Enter name of NEW Registered Agent and/or NEW Registered Office address:
McLin Burnsed, P.A.
NEW Registered Office Address:
1000 West Main Street
Leesburg, FL 34748

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.

Teri Valada
Signature of a member or authorized representative of a member

Teri Valada, Director
Printed or typed name of signer

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.

Phillip S. Smith
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA