

L09000072870

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
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RE-SUBMIT

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC REGISTERED AGENT CHANGE REWARDS CHARTERS LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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71 JAN - 6 PM 3: 51

SECRETARY OF STATE
DIVISION OF CORPORATIONS

887

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REWARDS CHARTERS 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:

Deanna Roy

Name of Person

Embrace Home Loans, Inc.

Firm/Company

25 Enterprise Center

Address

Newport, RI 02842

City/State and Zip Code

deanna@embracehomeloans.com

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

For further information concerning this matter, please call:

Deanna Roy

Name of Person

at (401)

846-3100 x3404

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

DNHS18 (5/08)



January 7, 2011

FLORIDA DEPARTMENT OF STATE
Division of Corporations

REWARDS CHARTERS LLC
P.O. BOX 897
TAMPA, FL 33601

SUBJECT: REWARDS CHARTERS LLC
REF: L09000072870

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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) 245-6911.

Brenda Tadlock
Senior Section Administrator

FAX Aud. #: H11000005467
Letter Number: 811A00000660

RECEIVED
11 JAN -7 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: REWARDS CHARTERS LLC

2. (a) Principal office address of limited liability company: _____

(Note: **MUST BE STREET ADDRESS**)

302 KNIGHTS RUN AVENUE, SUITE 100
TAMPA, FL 33602

(b) Mailing address of limited liability company: _____

(Note: **MAY BE POST OFFICE BOX**)

P.O. BOX 897
TAMPA, FL 33601

07/29/2009

3. Date of filing/registration in Florida

4. Document number

1.09000072870

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

Registered Agent:

HAFT, STUART J

Registered Office Address:

340 ROYAL POINCIANA WAY, SUITE 321
PALM BEACH, FL 33480 US

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

NEW Registered Agent:

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

(**MUST BE FLORIDA STREET ADDRESS**)

Plantation, FL 33324

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 of a member or authorized representative of a member

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 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.

By:

Signature of Registered Agent

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

INHS18 (05/08)

FORM 1100-2010-12-1 System Online