L09000096108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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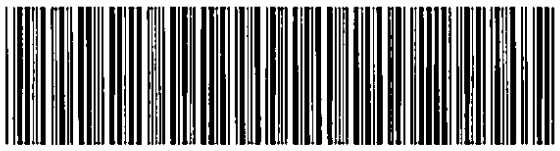

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FILED
2020 APR 20 AM 11:56

APR 21 2020

S. YOUNG

2020 APR 20 PM 1:14

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2020

MRS. CIGDEM
PAUL FINANCE, LLC
12647 NEW BRITTANY BLVD
FORT MYERS, FL 33906

SUBJECT: PAUL FINANCE, LLC
Ref. Number: L09000096108

We have received your document for PAUL FINANCE, 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 form you submitted is for a CORPRATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 620A00006405

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAUL FINANCE 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:

Gigdem Thankoffer
Name of Person

Paul International Consultants
Firm/Company

12647 New Brittany Blvd
Address

Fort Myers, FL 33907
City/State and Zip Code

k.paul@paul-international.net
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Gigdem Thankoffer at (239) 344 9930
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

1. Name of the limited liability company: PAUL FINANCE LLC

2. (a) 12647 New Britany Blvd
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
Fort Myers, FL 33907

(b) 12647 New Britany Blvd
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
Fort Myers, FL 33907

3. 10/23/2014
Date of filing/registration in Florida

4. L09000096108
Document number

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

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
1505 University Dr, 101
Coral Springs FL 33071

(b) Gidem Thanhoffer
Enter name of NEW Registered Agent and/or NEW Registered Office address.

12647 New Britany Blvd
NEW Registered Office Address

Fort Myers FL 33907

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2020 APR 20 AM 11:57

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 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 relating 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

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

INHS15 (2014)