

19000103755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1069 Telfair Plantation, 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:

KINGSLEY CHARLES

Name of Person

ASCENTIA FE

12157 W. LINDBAUGH Av. Suite 322

Firm/Company

TAMPA FL 33626

Address

City/State and Zip Code

CW@ascentiafe.com

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

For further information concerning this matter, please call:

CASEY Wilson

Name of Person

at

813 448-6558

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 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: 1069 Telfair Plantation, LLC

2. (a) Principal office address of limited liability company: 1560 WEST CLEVELAND ST.

(Note: MUST BE STREET ADDRESS)

TAMPA FL 33606

(b) Mailing address of limited liability company:

1560 WEST CLEVELAND ST.

(Note: MAY BE POST OFFICE BOX)

TAMPA FL 33606

10/27/2009

L09000103755

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

LASMAN, JEFFREY M

Registered Office Address:

1560 West Cleveland St.

Tampa, FL 33606

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

NEW Registered Agent:

InCorp Services, Inc.

NEW Registered Office Address:

17888 67th Court North

(MUST BE FLORIDA STREET ADDRESS)

Loxahatchee

12 SEP - 6 PM 1:55  
FILED  
TALLAHASSEE, FLORIDA  
33470

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

MICKAEL HAMBELTON

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 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.*

Signature of Registered Agent

on behalf of InCorp Services, Inc.

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**