

LOG000111149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

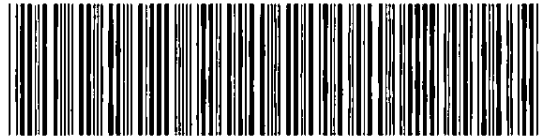
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10/03/24--01015--011 **2485.00

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PALM BEACH, FL

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 17, 2024

WALTER THOMAS
2549 RYLAND FALLS DRIVE
LAKELAND, FL 33811

SUBJECT: MIDFLORIDA FINANCING, LLC.
Ref. Number: L09000111149

We have received your document for MIDFLORIDA FINANCING, LLC. and your check(s) totaling \$2485.00. 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) 245-6050.

Wanite A Mills
Regulatory Specialist II

Letter Number: 424A00023002

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIDFLORIDA FINANCING, 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:

Walter Thomas

Name of Person

Walter Thomas, P.A.

Firm/Company

2549 Ryland Falls Drive

Address

Lakeland, Florida 33811

City/State and Zip Code

walter@walterthomaspa.com

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

For further information concerning this matter, please call:

Walter Thomas

863

940-4855

at (_____) _____

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

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SECRETARY OF STATE
TALLAHASSEE, FL

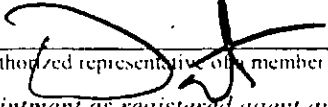
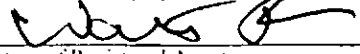
**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

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: <u>MIDFLORIDA FINANCING, LLC.</u>	
2. (a) <u>2925 MALL HILL DR</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>LAKELAND, FL 33810</u>	(b) <u>2925 MALL HILL DR</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>LAKELAND, FL 33810</u>
3. <u>11/18/2009</u> Date of filing/registration in Florida	4. <u>L09000111149</u> Document number
5. (a) <u>WALTER THOMAS, P.A.</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State. <u>230 Doris Drive</u> Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i> <u>Lakeland, FL 33813</u>	
(b) <u>WALTER THOMAS, P.A.</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> : <u>2549 Ryland Falls Drive</u> <u>NEW Registered Office Address</u> : <u>Lakeland, FL 33811</u>	

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SECRETARY OF STATE
TALLAHASSEE, FL

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	Christopher Doherty _____ Printed or typed name of signer
<p><i>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.</i></p>  _____ Signature of Registered Agent	