

LD9000118274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700291450297

10/24/16--01016--021 **25.00

FILED
16 OCT 24 PM 4:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

OCT 25 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REFLECTIONS DIAMOND 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:

AVRAHAM KOREN

Name of Person

REFLECTIONS DIAMOND LLC

Firm/Company

3205 SAWGRASS VILLAGE CIRCLE

Address

PONTE VEDRA BEACH, FL 32082

City/State and Zip Code

REFLECTIONSCORP@BELL SOUTH.NET

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

For further information concerning this matter, please call:

AVRAHAM KOREN

Name of Person

at (904) 273-0820

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

FILED
16 OCT 24 PM 4:39
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 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: REFLECTIONS DIAMOND LLC
2. (a) 3205 SAWGRASS VILLAGE CIRCLE P.O. Box 638
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

PONTE VEDRA BEACH, FL 32082 PONTEVEDRA BEACH FL 32004-0638

3. 12/11/2009 Date of filing/registration in Florida 4. L09000118274 Document number

5. (a) HUTCHINS MANAGEMENT SERVICES, INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
3205 SAWGRASS VILLAGE CIRCLE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

PONTE VEDRA BEACH, FL 32082

- (b) AVRAHAM KOREN
Enter name of NEW Registered Agent and/or NEW Registered Office address:
3205 SAWGRASS VILLAGE CIRCLE
NEW Registered Office Address:

PONTE VEDRA BEACH, FL 32082

FILED
OCT 26 PM 4:39
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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.

Avi Koren
Signature of a member or authorized representative of a member

Avi Koren
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 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.

Avi Koren
Signature of Registered Agent