## L09000121114

(Requestor's Name)							
(Address)							
(Address)							
(C	ity/State/Zip/Phone	#)					
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificates	of Status					
Special Instructions to Filing Officer:							
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SECRETARY OF STATE OF SECRETARY OF STATE OF STAT

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## **COVER LETTER**

TO: Registration Section Division of Corporations							
Emerald Coast Bookkeeping Services, 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:							
Anita Irene Teasdale							
Name of Person							
Emerald Coast Bookkeeping Services, LLC							
Firm/Company							
57 Rockbridge Court							
Address							
Boydton, VA 23917-4329							
City/State and Zip Code							
ecbs@bitbroadband.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Irene Teasdale 850 259-3331							
Name of Person 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							

INHS18 (2/14)

## 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.

١.	Nai	me of the limited liability company: Emerald C			Services, LLC	
2. (	a ì	57 Rockbridge Court		(b) 57 Rockbridge Court		
<b></b> . (	-, .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Boydton, VA 23917-4329	<del></del>	Boydton	, VA 23917-4329	
		12/22/2009		L0900012	21114	
3.		Date of filing/registration in Florida	4.		Document number	
5. (	(a)	Anita I Teasdale				
	,	Registered Agent and Registered Office shown on the records	s of the Fiori	da Dept. of State	:	
		Registered Office Address (MUST BE FLORIDA STRE	ET ADDRE.	<u>(2.5)</u>		
762 Overbrook Drive					<del></del>	
		Fort Walton Beach	FL 3254	7	5 HAY	
(	b)	Joanne Labbe			•	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	red Office a	ddress:	P. T.	
					Ģ	
		NEW Registered Office Address:				
		407 Springate Court				
		Mary Esther	FL_3256	9		
the cage:	cha: n w /we	inited liability company is not organized under the nge or changes are made, the Florida street address till be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the memberles of organization or the operating agreement of	s of the reg d liability rs of the li the limited	gistered office company, it is mited liability I liability com	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany.	
- 9		ure of a member or authorized representative of a member	<u> </u>	nita I Teasd	· · · · · · · · · · · · · · · · · · ·	
I he prov	reb isio obli iere fiea	by accept the appointment as registered agent and ins of all statutes relative to the proper and complete gations of my position as registered agent as proving reflect a change in the registered office address in writing of this change.	agree to a ete perfor ided for in , I hereby	ct in this cape mance of my e Chapter 605 confirm that t	Printed or typed name of signce acity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been	

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