

LO9000123162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

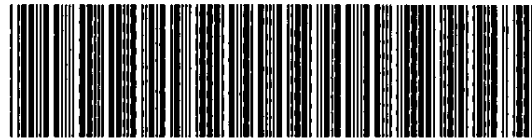
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/06/17--01014--025 **25.00

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17 MAY -2 AM 7:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

611



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2017

JODY MOUA
PO BOX 160568
SACRAMENT, CA 95816

SUBJECT: COLONY OF NORTH CAROLINA, LLC
Ref. Number: L09000123162

We have received your document for COLONY OF NORTH CAROLINA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

Letter Number: 717A00006785

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLONY OF NORTH CAROLINA, 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:

JODY MOUA

Name of Person

PARACORP

Firm/Company

PO BOX 160568

Address

SACRAMENT, CA 95816

City/State and Zip Code

annualreports@myparacorp.com

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

For further information concerning this matter, please call:

JODY MOUA at (800) 533-7272
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

☐ \$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: COLONY OF NORTH CAROLINA, LLC

2. (a) <u>Principal office address of limited liability company:</u> <u>(Note: MUST BE STREET ADDRESS)</u> <u>2307 PRINCESS ANNE DRIVE</u> <u>GREENSBORO, NC 27408</u>	(b) <u>Mailing address of limited liability company:</u> <u>(Note: MAY BE POST OFFICE BOX)</u> <u>2307 PRINCESS ANNE DRIVE</u> <u>GREENSBORO, NC 27408</u>
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12/30/2009

L09000123162

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:

CAPITAL CONNECTION, INC.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

417 E. VIRGINIA ST. STE. 1

TALLAHASSEE, FL 32301-1283

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

Paracorp Incorporated

NEW Registered Office Address:

155 Office Plaza Drive, 1st Floor

Tallahassee, FL 32301

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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 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.

Signature of Registered Agent

TODD PHILIP ROBINSON

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

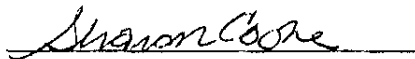
DATE: 3/2/2017

ENTITY NAME: COLONY OF NORTH CAROLINA, LLC

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.



Sharon Cooke, Assistant Secretary
Paracorp Incorporated

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAY -2 PM 7:21

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