

L10000011741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

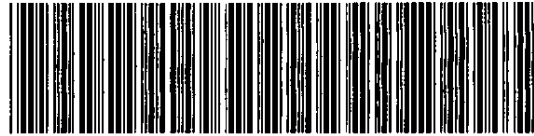
(Business Entity Name)

(Document Number)

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10 FEB 18 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

FEB 19 2009

EXAMINER



ASSET MANAGEMENT, LLLP

MEMORANDUM

Date: February 7, 2010

To: Scott Casey

From: Chris Johnston 

Re: Viking Property Holdings, LLC

Scott,

In order to change the registered agent of the above captioned entity or record, we must follow Florida Statutes (608.416 and 608.508) to effectuate the change—even though we have recently formed the entity.

Enclosed is the document for both you and Mike to sign and send back (1 fully executed), with a \$25.00 Fee payable to Florida Division of Corporations:

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

Retain a copy for your records.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Viking Property Holdings, 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:

Scott L. Casey
Name of Person

N/A
Firm/Company

3779 N. Stratford Road NE
Address

Atlanta, Georgia 30342
City/State and Zip Code

scottcasey123@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott L. Casey at (404) 229-8843
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

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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 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: Viking Property Holdings, LLC

2. (a) Principal office address of limited liability company: 3779 N. Stratford Rd NE

☒ (Note: MUST BE STREET ADDRESS) Atlanta, Georgia 30342

(b) Mailing address of limited liability company: _____

☐ (Note: MAY BE POST OFFICE BOX) _____

February 1, 2010

3. Date of filing/registration in Florida

L10000011741

4. Document number

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

Registered Agent: CT Corporation System

Registered Office Address: 1200 S. Pine Island Road

Plantation, FL 33324

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

NEW Registered Agent: Michael B. Burgess

NEW Registered Office Address: 156 Adams Way

(MUST BE FLORIDA STREET ADDRESS) Santa Rosa Beach, FL 32459

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 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

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

FILING FEE: \$25.00