## L100000 18755

(Requestor's Name)							
(Addre	:ss)						
(Addre	ess)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Busin	ess Entity Nar	ne)					
(Docu	ment Number)						
Certified Copies	Certificates	s of Status					
Special Instructions to Fili	ing Officer:						

Office Use Only



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FILED

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 23, 2016

WANDA ROWLAND 2921 LENOX RD NE, STE 214 ATLANTA, GA 30324

SUBJECT: ONWARD PRESS, LLC Ref. Number: L10000018755

We have received your document for ONWARD PRESS, 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 document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 516A00020536

Thank you.
Sorry for the omission.

W. Rowly —

## **COVER LETTER**

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations		÷				
SUBJI	ONWARD PRESS, LL	.C					
Name of Limited Liability Company							
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Off	ice Change and	d fee(s) are submitted for filing.				
Please	return all correspondence concerning th	is matter to the	e following:				
Wan	da Rowland						
	Name of Person						
Onwa	ard Press						
	Firm/Company						
2921	Lenox Road NE, Ste #214						
	Address		<del></del>				
Atlant	ta, GA 30324						
· · · · · ·	City/State and Zip Code		<del></del>				
wand	a@onwardpress.com						
E	-mail address: (to be used for future and	nual report noti	fication)				
For fur	ther information concerning this matter	, please call:					
Wand	la Rowland	727	421-2991				
	Name of Person	m (	Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS:	M	IAILING ADDRESS:				
	Registration Section		egistration Section				
	<u>-</u>		ivision of Corporations				
•	Clifton Building		O. Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32301	T	allahassee, Florida 32314				
	Enclosed is a check for the following	; amount:					
	□ \$25 Filing Fee		S55 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. N	ame of the limited liability company:ONWARD I	PRES	SS, L	LC			
2. (a)	2921 Lenox Road NE		(b)	2921	Lenox Road NE		
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ '	.u)	M	failing address of limited (Note: MAY BE POS)		
	Ste #214			Ste #	214		
	Atlanta, GA 30324	<del></del>		Atlan	ta, GA 30324		
	2/18/2010			L100	00018755		
3.	Date of filing/registration in Florida	4.		,	Document number		
5. (a	Wanda Rowland						
J. (U.	Registered Agent and Registered Office shown on the records of the	e Florie	da Dept	t. of State:	:		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>(S)</u>			<b>D</b>	
	10121 Tarpon Drive					16	
	Treasure Island , FL_	3370	)6			OCT -	<u> </u>
(b)	Bill Havre					-5 AM	厂 ffl
` `	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	)ffice a	ddress	:		يو 🚆	O
	REGISTERED AGENTS INC.					SNO:	
	NEW Registered Office Address:						
	3030 N. Rocky Point Drive, STE 150A		_				
	Tampa, FL_	3360	7				
the ch agent was/w the art Signa	imited liability company is not organized under the lawsange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liabete of a member or authorized representative of a member oby accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete poligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	he regoility of the limited	istere compa mited liabil Wa	d office any, it is liability lity company	and the business of hereby confirmed to company or as other pany.  Rowland Printed or typed name of the party.  I further core	fice of the hat the clerwise property of signee	ne registered hange(s) rovided in tident-owner

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

**Bill Havre/Assistant Secretary** 

Signature of Registered Agent