

L10000047228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

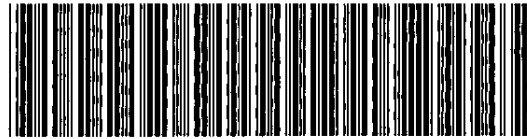
(Business Entity Name)

(Document Number)

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CLERK OF COURT
TALLAHASSEE, FLORIDA

D. BRUCE
APR 26 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Olive Properties, 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:

First Olive Properties, LLC
Name of Person

Kevin Killerman
Firm/Company

P.O. Box 8435
Address

West Palm Beach FL 33407
City/State and Zip Code

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

For further information concerning this matter, please call:

Kevin Killerman at (773) 251-7580
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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APR 26 PM 1:12
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: First Olive Properties, LLC

2. (a) Principal office address of limited liability company: _____

(Note: MUST BE STREET ADDRESS)

19485 40th Court
Sunny Isle FL 33160

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

P.O. Box 8435
West Palm Beach FL 33407

05/03/2010
3. Date of filing/registration in Florida

L10000047228
4. Document number

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

Registered Agent: Courtney O'Connor

Registered Office Address: 19485 40th Court
Sunny Isle FL 33160

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

NEW Registered Agent: Kevin Killeen

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS) 19485 40th Court
Sunny Isle FL
Sunny Isle FL 33160

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.

x [Signature]
Signature of a member or authorized representative of a member

x Kevin Killeen
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.

x [Signature]
Signature of Registered Agent

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