

L10 0000 83353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

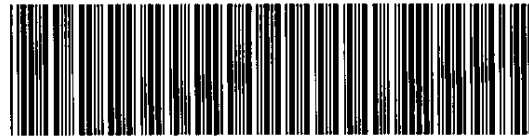
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2010 AUG 23 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

AUG 24 2010

EXAMINER

TO: Registration Section
Division of Corporations

SUBJECT: Souls In Rhythm 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:

Tonya Davis
Name of Person

Souls In Rhythm LLC
Firm/Company

1813 SW 67th Terr.
Address

Gainesville, FL 32607
City/State and Zip Code

miragegirl2004@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tonya Davis at (386) 679-5488
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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2010 AUG 23 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of _____, this limited liability company submits the following statement in order to change _____ agent, or both, in the State of Florida.

1. Name of the limited liability company: Souls In Rhythm LLC

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



(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: _____



(Note: **MAY BE POST OFFICE BOX**)

8/9/10

3. Date of filing/registration in Florida

PO BOX 90375

Gainesville, FL 32607

L100000083353

4. Document number

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

Registered Agent:

Tonya Davis

Registered Office Address:

1813 SW 67th terr
Gainesville, FL 32607

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

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

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

Tonya Davis

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