

L10000090019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

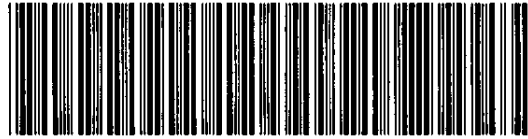
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

DEC 03 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2013

DANIELLE R. GILKEY
5414 NW 50TH COURT
COCONUT CREEK, FL 33073

SUBJECT: BELLONA CONSULTANTS LLC
Ref. Number: L10000090019

We have received your document for BELLONA CONSULTANTS 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly. *I didnt want to change RA - just business address*

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 113A00026600

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TALLAHASSEE, FLORIDA

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*Thank you
- just want to change
address of business
wasnt changing RA
so I just put the
same info for
both.*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bellona Consultants 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:

Danielle R. Gilkey

Name of Person

Bellona Consultants LLC

Firm/Company

5414 NW 50th Court

Address

Coconut Creek, FL 33073

City/State and Zip Code

dgilkey954@hotmail.com

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

For further information concerning this matter, please call:

Danielle R. Gilkey at (954) 240-2233

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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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: Bellona Consultants LLC
2. (a) Principal office address of limited liability company: 5414 NW 50th Ct
COCONUT CREEK FL 33073
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: same
(Note: MAY BE POST OFFICE BOX)
3. Date of filing/registration in Florida: 8/26/10
4. Document number: L10000090019
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: Danielle R. Gilkey
Registered Office Address: 4613 N. University Dr. #613
Coral Springs FL 33067
5414 NW 50th Ct
COCONUT CREEK FL 33073
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: Danielle Gilkey
NEW Registered Office Address: 5414 NW 50th Ct
(MUST BE FLORIDA STREET ADDRESS) COCONUT CREEK, FL 33073

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.

Danielle R. Gilkey
Signature of a member or authorized representative of a member
Danielle B. Gilkey
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.

Danielle R. Gilkey
Signature of Registered Agent

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

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2013 DEC -2 PM 1:11
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SECRETARY OF STATE