

L10000098184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

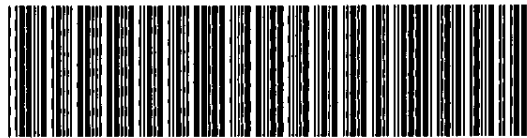
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/08/12--01008--005 **35.00

T. CLINE

MAR 14 2012

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 MAR 13 PM 3:09

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 10, 2012

OWAYNE MAIRS
2967 COTTAGE GROVE CT
ORLANDO, FL 32822

SUBJECT: PICK N WATCH LLC
Ref. Number: L10000098184

We have received your document for PICK N WATCH LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

A individual or another business must be listed for the registered agent.

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.

Tammi Cline
Regulatory Specialist II

Letter Number: 612A00006032

FILED
2012 MAR 13 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pick N Watch 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:

Elbert Clairmont
Name of Person

Firm/Company

2967 Cottage Grove Ct
Address

Orlando FL 32822
City/State and Zip Code

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

For further information concerning this matter, please call:

Elbert Clairmont at (305) 409 3253
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

2012 MAR 13 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: Pick N Watch LLC

2. (a) Principal office address of limited liability company: 2967 Cottage Grove Ct

(Note: MUST BE STREET ADDRESS)

Orlando FL 32822

(b) Mailing address of limited liability company: _____

(Note: MAY BE POST OFFICE BOX)

20 Sep 2010

3. Date of filing/registration in Florida

L10000096182

4. Document number

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

Registered Agent:

Corporation Service Company

Registered Office Address:

1201 Hays St
Tallahassee FL 32306

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

NEW Registered Agent:

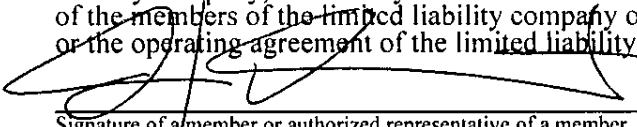
Vincent Clairmont

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

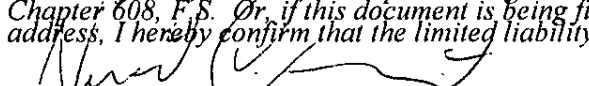
3207 Jared Ave Se
Palm Bay FL 32909
Palm Bay FL 32909

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

Elbert Clairmont
Printed or typed name of signer

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