#L10000107244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
FEB 24 2014

**COVER LETTER**

**TO:** Registration Section
Division of Corporations

**SUBJECT:** Owners Direct 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:

Tom Egurrola
Name of Person

Owners Direct LLC
Firm/Company

520 Valencia Ave Apt: 2
Address

Coral Gables FL 33134
City/State and Zip Code

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

For further information concerning this matter, please call:

Tom Egurrola at (_____) _____
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

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 605.0114, 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: Owners Direct LLC

2. (a) Principal office address of limited liability company: 520 Valencia Ave Apt: 2
Coral Gables FL 33134
(***Note: MUST BE STREET ADDRESS***)

(b) Mailing address of limited liability company: 520 Valencia Ave Apt: 2
Coral Gables FL 33134
(***Note: MAY BE POST OFFICE BOX***)

10/14/2010
3. Date of filing/registration in Florida

L10000107244
4. Document number

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2014 FEB 20 AM 10:
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TALLAHASSEE, FLORIDA

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

Registered Agent: Tom Egurrola

Registered Office Address: 10320 NW 8 Street Apt 103
Pembroke Pines FL 33026

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

**NEW** Registered Agent: Tom Egurrola

**NEW** Registered Office Address: 520 Valencia Ave Apt: 2
***(MUST BE FLORIDA STREET ADDRESS)***
Coral Gables ,FL 33134

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

Tom Egurrola
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 605, 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**

INHS18 (12/13)