

L110000 10194

(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



100207641211

05/18/11--01014--016 **25.00

FILED
11 MAY 18 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

MAY 19 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R MICHEAL FAMILY COMPANY 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:

CHARLES A HOWELL

Name of Person

ACCOUNTING, TAX & FINANCIAL SERVICES INC

Firm/Company

510 MARCUM RD

Address

LAKALAND, FL 33809

City/State and Zip Code

ATFSINC@VERIZON.NET

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

For further information concerning this matter, please call:

RAYMOND S MICHAEL JR

Name of Person

at (863)

934-1666

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

FILED
11 MAY 18 AM 11:38
SECRETARY OF STATE
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: R MICHEAL FAMILY COMPANY LLC

2. (a) Principal office address of limited liability company: 5715 POINCIANA AVE

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

LAKELAND, FL 33809

(b) Mailing address of limited liability company: 5715 POINCIANA AVE

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

LAKELAND, FL 33809

05/09/2011
3. Date of filing/registration in Florida

L11000010194
4. Document number

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

Registered Agent: UNITED STATES CORPORATION AG

Registered Office Address: 13302 WINDING OAKS BLVD
SUITE A
TAMPA, FL 33612

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

NEW Registered Agent: CHARLES A HOWELL

NEW Registered Office Address: 510 MARCUM RD
(MUST BE FLORIDA STREET ADDRESS) LAKELAND, FL 33809

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.

Raymond S Michael Jr
Signature of a member or authorized representative of a member

RAYMOND S MICHAEL JR

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.

Charles A Howell
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00