

41000033466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

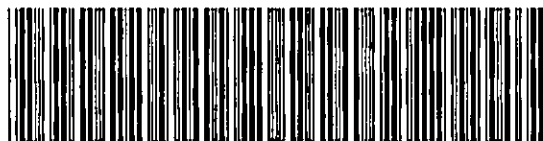
(Document Number)

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T. CLINE

AUG 24 2018

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 13, 2018

ETHAN GREGORY  
931 MAPLETON TER  
JACKSONVILLE, FL 32207

SUBJECT: ETHAN GREGORY, LLC  
Ref. Number: L11000033466

We have received your document for ETHAN GREGORY, 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):

The registered agent must sign accepting the designation.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline  
Regulatory Specialist III

Letter Number: 018A00016723

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ethan Gregory 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:

Ethan Gregory

\_\_\_\_\_  
Name of Person

Ethan Gregory LLC

\_\_\_\_\_  
Firm/Company

931 Mapleton Ter.

\_\_\_\_\_  
Address

Jacksonville, FL 32207

\_\_\_\_\_  
City/State and Zip Code

ethangregory@comcast.net

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

For further information concerning this matter, please call:

Ethan Gregory

at ( 904 ) 502-9700

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

*Pursuant to the provisions of sections 605.0114 or 605.0116, 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: Ethan Gregory LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

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

931 Mapleton Ter.

Jacksonville, FL 32207

Mailing address of limited liability company:

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

931 Mapleton Ter.

Jacksonville, FL 32207

03/18/2011

L11000033466

3. Date of filing/registration in Florida

4. Document number

5. (a) Ethan Gregory

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

931 Mapleton Ter.

935 Old Hickory Rd

Jacksonville

FL 32207

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(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

Ethan Gregory

NEW Registered Office Address:

931 Mapleton Ter.

Jacksonville

FL 32207

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]  
Signature of a member or authorized representative of a member

Ethan Gregory

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]  
Signature of Registered Agent

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