

L11000036108

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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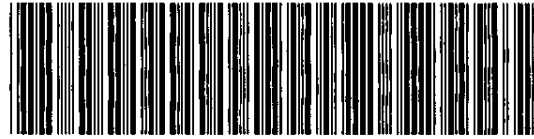
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOSEPH LEE MINDELL, 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:

JOSEPH LEE MINDELL, LLC

Name of Person

Firm/Company

9863 SAVONA WINDS DR.

Address

DELRAY BEACH, FL. 33446

City/State and Zip Code

JODYMINDELL@gmail.com

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

For further information concerning this matter, please call:

JOSEPH LEE MINDELL, LLC

Name of Person

at (561) 862-7866

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 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: JOSEPH LEE MINDELL, LLC

2. (a) 9863 SAVONA WINDS DR
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

DELRAY BEACH, FL. 33446

(b) 9863 SAVONA WINDS DR
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

DELRAY BEACH, FL 33446

3. MARCH 28, 2011
Date of filing/registration in Florida

4. L11000036108
Document number

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

4755 TECHNOLOGY WAY
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SUITE 102
BOCA RATON, FL 33431

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

9863 SAVONA WINDS DR
NEW Registered Office Address:

DELRAY BEACH, FL 33446

APPROVED
AND
FILED
14 OCT 31 AM 2:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

JOSEPH LEE MINDELL, LLC
Signature of a member or authorized representative of a member

JOSEPH LEE MINDELL, LLC
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 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.

Laura Mindell
Signature of Registered Agent