

L110000038980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan NOV - 4 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CEG DEVELOPMENT, 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:

PHILIP A. HOLLAND

Name of Person

CEG DEVELOPMENT, LLC

Firm/Company

P O DRAWER 8647

Address

DOTHAN AL 36304 US

City/State and Zip Code

Pholland@aetllc.com

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

For further information concerning this matter, please call:

JASON A. WILES

Name of Person

at (850)

766-2006

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 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: CEG DEVELOPMENT, LLC

2. (a) Principal office address of limited liability company: 331 BRUCE ST.

(Note: **MUST BE STREET ADDRESS**) ST. GEORGE ISLAND FL 32082

(b) Mailing address of limited liability company: P O DRAWER 8647

(Note: **MAY BE POST OFFICE BOX**) DOTHAN, ALABAMA 36304

04/01/2011
3. Date of filing/registration in Florida

L11000038988
4. Document number

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

Registered Agent: JOHNSON & OOLE, LLC

Registered Office Address: 1546 METROPOLITAN BLVD. #2
TALLAHASSEE, FL 32308


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

NEW Registered Agent: LEVINE & STIVERS LLC

NEW Registered Office Address: 245 E. VIRGINIA STREET

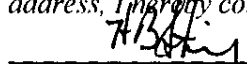
(**MUST BE FLORIDA STREET ADDRESS**) TALLAHASSEE, FL 32301-1263

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

JASON A. WILES, authorized representative
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.


Signature of Registered Agent

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

FILING FEE: \$25.00