

L11 0000 66672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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T. CLINE

MAY 15 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 19, 2012

JAMES TAYLOR  
PO BOX 729  
YULEE, FL 32041

SUBJECT: COR LEONIS LLC  
Ref. Number: L11000066672

We have received your document for COR LEONIS LLC and your check(s) totaling \$55.00. 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline  
Regulatory Specialist II

Letter Number: 712A0001217

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COR LEONIS 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:

JAMES TAYLOR

Name of Person

COR LENOIS LLC

Firm/Company

PO BOX 729

Address

YULEE FLORIDA, 32041

City/State and Zip Code

72544@BELLSOUTH.NET

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

For further information concerning this matter, please call:

JAMES TAYLOR

Name of Person

at ( 904 )

545-0519

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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2012 MAY 14 PM 3:19  
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: COR LEONIS LLC

2. (a) Principal office address of limited liability company: 86161 ANTARES WAY

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

YULEE, FLORIDA 32041

(b) Mailing address of limited liability company: PO BOX 729

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

YULEE, FLORIDA 32041

04/16/2012

L11000066672

3. Date of filing/registration in Florida

4. Document number

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

Registered Agent:

A. JEFFREY TOMASSE

Registered Office Address:

406 ASH STREET

FERNANDINA BEACH FL 32034

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

**NEW Registered Agent:**

JAMES L TAYLOR

**NEW Registered Office Address:**

86161 ANTARES WAY

**(MUST BE FLORIDA STREET ADDRESS)**

YULEE FL 32097

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.

James L Taylor Mgr. Cor Leonis LLC  
Signature of a member or authorized representative of a member

JAMES L TAYLOR, MGR. COR LEONIS LLC

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.*

James L Taylor  
Signature of Registered Agent

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

FILING FEE: \$25.00