

L11000107913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

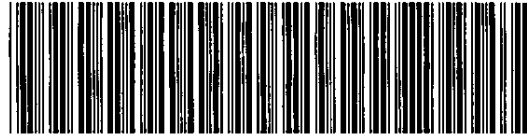
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 25, 2014

JESSE MENNING
59 WEST ELM ST.
HOPKINTON, MA 01748

SUBJECT: CENTERED SOLUTIONS, LLC
Ref. Number: L11000107913

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The signature for the new registered agent is not legible.

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) 245-6050.

Darlene Connell
Regulatory Specialist III

Letter Number: 814A00025065

RECEIVED
14 DEC 19 AM 10:39
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Centered Solutions, LLC
Name of Corporation

DOCUMENT NUMBER: L11000107913

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jesse Menning

Name of Contact Person

Firm/Company

59 West Elm St.

Address

Hopkinton, MA 01748

City/State and Zip Code

jesse.menning@centeredit.com

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

For further information concerning this matter, please call:

Jesse Menning

Name of Contact Person

at (734) 717-9147

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Centered Solutions, LLC
2. The principal office address: 2065 Thomasville Rd. Tallahassee, FL 32308
3. The mailing address (if different): 59 West Elm St. Hopkinton, MA 01748
4. Date of incorporation/qualification: 09/21/2011 Document number: L11000107913
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Jesse O Menning

921 Rio Lindo Dr.

Jacksonville, FL 32207

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Davisson Dunlap III

2065 Thomasville Rd.

P.O. Box NOT acceptable

Tallahassee, FL 32308

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

10/24/2014

Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

11-3-2014

Date

If signing on behalf of an entity:

Davisson Dunlap, III
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

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