

U12000046397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

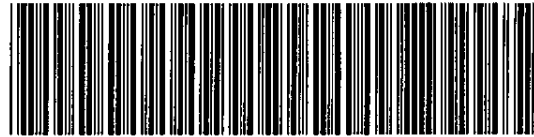
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900229828069

04/19/12--01028--006 **25.00

FILED
12 APR 19 PM 2:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 20 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOME PLACE ELSE 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:

MR. MICHAEL JONES
Name of Person

SOME PLACE ELSE TOURS LLC.
Firm/Company

1154 SW 123 AVE.
Address

PEMBROKE PINES FLA. 33025
City/State and Zip Code

MJONES@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael JONES at (786) 273-5650
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

FILED
12 APR 19 PM 2:47
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: SOMEPLACE ELSE TOURS LLC.
2. (a) Principal office address of limited liability company: 1154 SW 123 AVE
Pembroke Pines FL 33025
(Note: MUST BE STREET ADDRESS)
- (b) Mailing address of limited liability company: SAME AS ABOVE
L 120000 46397
(Note: MAY BE POST OFFICE BOX)
3. Date of filing/registration in Florida: 4/4/12
4. Document number: _____
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: UNITED STATES CORPORATION
AGENTS INC.
Registered Office Address: 13302 WINDING OAK COURT
Suite A TAMPA FL 33612 US
- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Agent: MICHAEL JONES
NEW Registered Office Address: 1154 SW 123 AVE
(MUST BE FLORIDA STREET ADDRESS) Pembroke Pines
FL 33025

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.

Michael Jones
Signature of a member or authorized representative of a member

Michael Jones
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.

Michael Jones
Signature of Registered Agent

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