

L12000051195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

(Document Number)

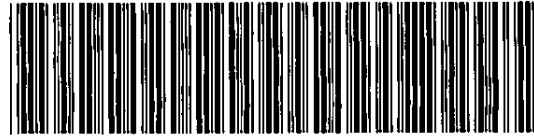
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2013 AUG 26 AM 8:50
DEPT. OF STATE
RECEIVED
FELDMAN, S. L. FLORES

FILED



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 775675 7527475

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : August 23, 2013

ORDER TIME : 5:24 PM

ORDER NO. : 775675-005

CUSTOMER NO: 7527475

CHANGE OF AGENT

NAME: HOLSHOUSER FAMILY FUNDING,
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Sheryl A Gibbs -- EXT# 52936

EXAMINER: _____

FILED
2013 AUG 26 AM 8:50
CLERK OF SUPERIOR COURT
JULIA M. ASSELT
FLOOR 4

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Holshouser Family Funding, 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:

Jesse A. Holshouser
(Name of Person)

(Firm/Company)

1819 SE 17th Street
(Address)

Fort Lauderdale, FL 33316
(City/State and Zip Code)

For further information concerning this matter, please call:

Jesse A. Holshouser at (561) 981-5252
(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
2013 MAR 26 AM 8:59
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: Holshouser Family Funding, LLC

2. (a) Principal office address of limited liability company: 1819 SE 17th Street
Apt. 809
Fort Lauderdale, FL 33316
*(Note: **MUST BE STREET ADDRESS**)*

(b) Mailing address of limited liability company:
1819 SE 17th Street
Apt. 809
Fort Lauderdale, FL 33316
*(Note: **MAY BE POST OFFICE BOX**)*

April 13, 2012

L12000051195

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: Jesse A. Holsouser

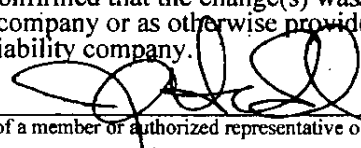
Registered Office Address: 2500 East Las Olas Blvd., #1107
Fort Lauderdale, FL 33301

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

NEW Registered Agent:

NEW Registered Office Address:
(MUST BE FLORIDA STREET ADDRESS)
1819 SE 17th Street, Apt. 809
Fort Lauderdale, FL 33316

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)

Jesse A. Holshouser, Manager
(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.

By: 
(Signature of Registered Agent) Jesse A. Holshouser Manager

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