

L12 0000 66541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

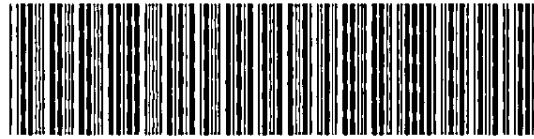
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000349496100

08/07/20--01020--002 **25.00

FILED
2020 AUG -7 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FL

TQ 10/01/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Adoption Center 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:

Carrie Thomas

Name of Person

Florida Adoption Center LLC

Firm/Company

1840 Sarno Rd

Address

Melbourne, FL 32935

City/State and Zip Code

Office@FloridaAdoptionCenter.com

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

For further information concerning this matter, please call:

Carrie Thomas

321

250-5683

at ()

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 605.0114 or 605.0116, 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: Florida Adoption Center LLC
2. (a) Florida Adoption Center LLC (b) Florida Adoption Center LLC
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)
1840 Sarno Rd 1840 Sarno Rd
Melbourne, FL 32935 Melbourne, FL 32935
3. 05/17/2012 4. L12000066541
Date of filing/registration in Florida Document number
5. (a) Florida Adoption Center LLC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Carrie R Thomas
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1600 Sarno Rd, Ste 8
Melbourne, FL 32935
- (b) Florida Adoption Center LLC
Enter name of NEW Registered Agent and/or NEW Registered Office address:
Carrie R Thomas
NEW Registered Office Address:
1840 Sarno Rd
Melbourne, FL 32935

FILED
2020 AUG -7 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Carrie Thomas
Signature of a member or authorized representative of a member

Carrie Thomas

Printed or typed name of signer

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 605, 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.

Carrie Thomas
Signature of Registered Agent