

L1200008/833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

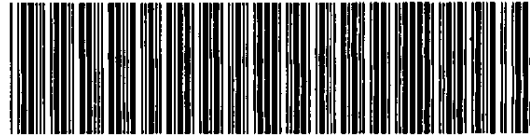
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

JUL -1 2013  
A. LUNT

Office Use Only



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2013 JUN 28 PM 2 09  
OFFICE OF STATE  
TALLAHASSEE, FLORIDA

FILED

05/28/13--01007--021 \*\*35.00



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 6, 2013

JAY GELB  
180 OFFICE PARK WAY SUITE 2000  
PITTSFORD, NY 14534

SUBJECT: KATIE PROPERTIES, LLC  
Ref. Number: L12000081833

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

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 113A00014292

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Katie Properties, 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:

Myrl Gelb  
Name of Person

Katie Properties, LLC  
Firm/Company

2831 St. Barts Square  
Address

Vero Beach, Florida 32967  
City/State and Zip Code

myrlgelbcpa@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Myrl Gelb at ( 585 ) 232-7046  
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

2013 JUN 28 PM 2 09  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

**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: Katie Properties, LLC

2. (a) Principal office address of limited liability company: 2831 St. Barts Square  
Vero Beach, Florida 32967  
*(Note: MUST BE STREET ADDRESS)*

(b) Mailing address of limited liability company: 2831 St. Barts Square  
Vero Beach, Florida 32967  
*(Note: MAY BE POST OFFICE BOX)*

6/20/2012  
3. Date of filing/registration in Florida

L12000081833  
4. Document number

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

Registered Agent: Corporation Service Company

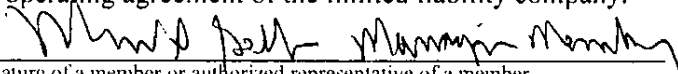
Registered Office Address: 1201 Hays Street  
Tallahassee, Florida 32301

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

NEW Registered Agent: Myrl Gelb

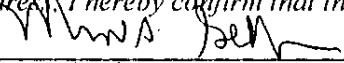
NEW Registered Office Address: 2831 St. Barts Square  
(MUST BE FLORIDA STREET ADDRESS) Vero Beach, FL 32967

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

Myrl Gelb  
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.*

  
Signature of Registered Agent

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

FILED  
JUN 28 PM 2:09  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS