

212000105497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

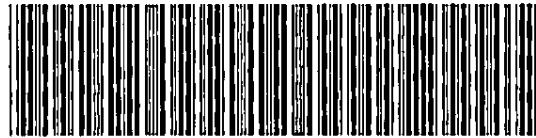
(Business Entity Name)

(Document Number)

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2018 DEC 26 PM 11:31
FACILITY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 10, 2018

SHEENA GRAHAM
5680 NW WESLEY RD
PORT ST LUCIE, FL 34986

SUBJECT: REAS MARKETING, LLC
Ref. Number: L12000105497

We have received your document for REAS MARKETING, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LP, 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) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 318A00025260

2018 DEC 11 PM 3:24

2018 DEC 11 PM 11:31

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Reas Marketing, 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:

Sheena Graham

Name of Person

Reas Marketing, LLC

Firm/Company

5680 NW Wesley Road

Address

Port St Lucie FL 34986

City/State and Zip Code

Sheena.graham@reasmarketing.com

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

For further information concerning this matter, please call:

Sheena Graham at (949) 200-2883

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

**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: Reas Marketing, LLC

2. (a) Reas Marketing, LLC (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

5680 NW Wesley Road
Port St Lucie FL 34986

3. 08/16/2012 4. L12000105497
Date of filing/registration in Florida Document number

5. (a) ~~Reas~~ Properties and Notes Investments
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4021 NW 91st Terrace
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Sunrise FL 33351

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

4021 NW 91st Terrace
NEW Registered Office Address:

Sunrise FL 33351

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.

Sheena Graham
Signature of a member or authorized representative of a member

Sheena Graham
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.

Sheena Graham
Signature of Registered Agent