

L12000107691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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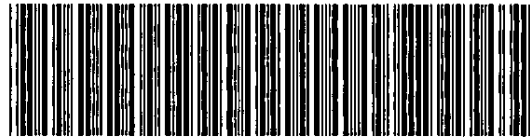
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Ouffgan JUL 2 - 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lezbro, 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:

Jennifer Arnold
Name of Person

Lezbro, LLC
Firm/Company

3390 Foxcroft Cir
Address

Oviedo, FL, 32765
City/State and Zip Code

jarnold@knights.ucf.edu
☐ E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Arnold at (904) 534-8977
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2013

JENNIFER ARNOLD
3390 FOXCROFT CIRCLE
OVIDO, FL 32765

SUBJECT: LEZBRO, LLC
Ref. Number: L12000107691

We have received your document for LEZBRO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 713A00014601

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: Lezbro, LLC.

2. (a) Principal office address of limited liability company: Jennifer Arnold
1901 Aquarius Ct
Oviedo, FL 32766
(Note: **MUST BE STREET ADDRESS**)

(b) Mailing address of limited liability company: 3390 Foxcroft Cir
Oviedo, FL 32765
(Note: **MAY BE POST OFFICE BOX**)

August 20, 2012
3. Date of filing/registration in Florida

4. Document number L12000107691

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

Registered Agent:

Jennifer Arnold

Registered Office Address:

1901 Aquarius Ct
Oviedo, FL 32766

(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**)

Jennifer Arnold
3390 Foxcroft Cir
Oviedo, FL 32765

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.

Jennifer Arnold
Signature of a member or authorized representative of a member

Jennifer Arnold
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 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.

Jennifer Arnold
Signature of Registered Agent

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