

L12000119913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sharon E. Yates, 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:

Sharon Yates

Name of Person

Sharon E. Yates, LLC

Firm/Company

632 Remington Court

Address

St. Augustine, FL 32092

City/State and Zip Code

syatesjax@gmail.com

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

For further information concerning this matter, please call:

Sharon Yates

Name of Person

at ( 904 ) 553-2090

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

July 12, 2013

SHARON YATES  
632 REMINGTON COURT  
ST AUGUSTINE, FL 32092

SUBJECT: SHARON E. YATES, LLC  
Ref. Number: L12000119913

We have received your document for SHARON E. YATES, 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):

The registered agent must sign accepting the designation.

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.

Leslie Sellers  
Regulatory Specialist II

Letter Number: 213A00017115

**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: Sharon E. Yates, LLC

2. (a) Principal office address of limited liability company: 632 Remington Court  
**(Note: MUST BE STREET ADDRESS)** St. Augustine, FL 32092

(b) Mailing address of limited liability company: 632 Remington Court  
**(Note: MAY BE POST OFFICE BOX)** St. Augustine, FL 32092

September 19, 2012

L12000119913

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: Sharon E. Yates

Registered Office Address: 9069 Spindletree Way  
Jacksonville, FL 32256

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

**NEW Registered Agent:** \_\_\_\_\_

**NEW Registered Office Address:** 632 Remington Court  
**(MUST BE FLORIDA STREET ADDRESS)** St. Augustine, FL 32092

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.

Sharon E. Yates  
Signature of a member or authorized representative of a member

Sharon E. Yates  
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.*

Sharon E. Yates  
Signature of Registered Agent

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

FILED  
AUG-5 AM 8:01  
CLERK OF STATE  
TALLHASSEE, FLORIDA