

L12000123396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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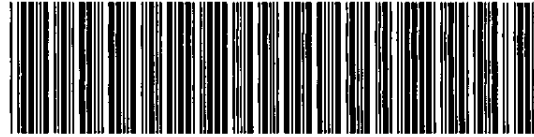
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

B. BOSTICK

NOV - 6 2012

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OCALA COIN WEST, 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:

JEFFERY A LAZARUIS

Name of Person

OCALA COIN SHOP

Firm/Company

7277 SE MARICAMP RD, SUITE D

Address

OCALA, FL 34472

City/State and Zip Code

ocalacoinshop@aol.com

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

For further information concerning this matter, please call:

JEFF LAZARUIS

Name of Person

at ( 352 )

598-4651

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

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TALLAHASSEE, FLORIDA

**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: OCALA COIN WEST, LLC

2. (a) Principal office address of limited liability company: 8585 SR 200 - SUITE 8

**(Note: MUST BE STREET ADDRESS)**

OCALA, FL 34481

(b) Mailing address of limited liability company:

OCALA COIN SHOP

**(Note: MAY BE POST OFFICE BOX)**

7277 SE MARICAMP RD - SUITE D  
OCALA, FL 34472 J

09/26/2012

L12000123396

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:

ONLINE FILINGS CO.

Registered Office Address:

619 CATTLEMEN RD - SUITE 011  
SARASOTA, FL 34232 US

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

**NEW** Registered Agent:

JEFFERY A LAZARUIS

**NEW** Registered Office Address:

7277 SE MARICAMP RD - SUITE D

**(MUST BE FLORIDA STREET ADDRESS)**

OCALA, FL 34472

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.

Jeffery A. Lazaruis  
Signature of a member or authorized representative of a member

JEFFERY A LAZARUIS, MGRM

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.*

Jeffery A. Lazaruis  
Signature of Registered Agent

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

FILING FEE: \$25.00

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12 NOV -5 PM 5  
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