

L12000135233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

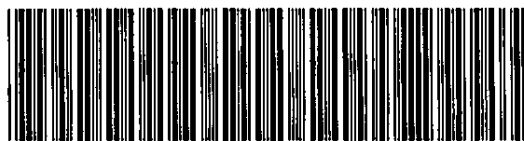
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

FEB - 8 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VETERAN VOICE 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 ELKINS

Name of Person

VETERAN VOICE LLC

Firm/Company

P.O. BOX 398

Address

OSPREY, FL 34229

City/State and Zip Code

selkins@flalegals.com

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

For further information concerning this matter, please call:

SHARON ELKINS

at ( 941 )

3216571

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: VETERAN VOICE LLC

2. (a) VETERAN VOICE LLC

Principal office address of limited liability company:

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

512 BAYVIEW AVE

OSPREY, FL 34229

10/24/2012

3. Date of filing/registration in Florida

(b) VETERAN VOICE LLC

Mailing address of limited liability company:

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

P.O. BOX 398

OSPREY, FL 34229

L12000135233

4. Document number

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

THEODORE WILSON

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

530 DENARVAEZ DRIVE

LONGBOAT KEY, FL 34228

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

SHARON ELKINS

**NEW** Registered Office Address:

512 BAYVIEW AVE

OSPREY, FL 34229

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 P. Elkins  
Signature of a member or authorized representative of a member

SHARON ELKINS

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 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.*

Sharon P. Elkins  
Signature of Registered Agent

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TALLAHASSEE, FLORIDA