

L12000136748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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14 AUG 25 PM 4:54

STATE OF TEXAS
DIVISION OF REVENUE

C. LEWIS
AUG 12 2014
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2014

KEN MAZZIE / MAZZIE CPA
PO BOX 354608
PALM COAST, FL 32135 US

SUBJECT: ACADEMIC DIRECTORIES, LLC
Ref. Number: L12000136748

We have received your document for ACADEMIC DIRECTORIES, 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) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 614A00017281

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Academic Directories 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:

Ken Mazzie

Name of Person

Mazzie CPA

Firm/Company

PO Box 354608

Address

Palm Coast, FL 32135

City/State and Zip Code

kmazzie@gmail.com

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

For further information concerning this matter, please call:

Ken Mazzie

386

206-1870

at (_____) _____

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: Academic Directories LLC

2. (a) Academic Directories LLC (b) Academic Directories LLC

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

830-13 A1A North # 234

Ponte Vedra Beach, FL 32082

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

830-13 A1A North # 234

Ponte Vedra Beach, FL 32082

10/16/2012

L12000136748

3. Date of filing/registration in Florida

4. Document number

5. (a) Advertical Media LLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State.

Advertical Media LLC

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

14 Palm Harbor Village Way

Palm Coast, FL 32137

(b) Ken Mazzie

Enter name of NEW Registered Agent and/or NEW Registered Office address

Mazzie CPA

NEW Registered Office Address:

109 Edward Drive

Palm Coast, FL 32164

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.

[Signature]
Signature of a member or authorized representative of a member

Klas Eliasson

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.

[Signature]
Signature of Registered Agent

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

FILED IN STATE
14 AUG 25 PM 4:54
TALLAHASSEE, FL