

L12000142447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

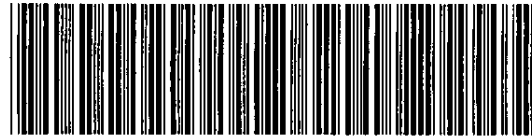
L12-142447

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan OCT -3 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AC Huckert, 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:

Joel Chamberlain
Name of Person

Gunn Chamberlain, PL
Firm/Company

4350 Pablo Professional Ct. Ste #200
Address

Jacksonville, FL 32224
City/State and Zip Code

joel@gunnchamberlain.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joel Chamberlain at (904) 296-2024
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

September 3, 2013

JOEL CHAMBERLAIN
GUNNCHAMBERLAIN, PL
4350 PABLO PROFESSIONAL CT. #200
JACKSONVILLE, FL 32224

SUBJECT: ACHUCKERT, LLC
Ref. Number: L12000142447

We have received your document for ACHUCKERT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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: 413A00020755

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: AC Huckert, LLC
2. (a) Principal office address of limited liability company: 950-23 Blanding Blvd. #184
(Note: **MUST BE STREET ADDRESS**) Orange Park, FL 32065

(b) Mailing address of limited liability company: 950-23 Blanding Blvd. #184
(Note: **MAY BE POST OFFICE BOX**) Orange Park, FL 32065

11/23/12
3. Date of filing/registration in Florida

L12000142447
4. Document number

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

Registered Agent:

Huckert, Brent

Registered Office Address:

2710 Holly Pointe Blvd
Orange Park, FL 32073

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

NEW Registered Agent:

Joel Chamberlain

NEW Registered Office Address:

4350 Pablo Professional Ct. #200

(**MUST BE FLORIDA STREET ADDRESS**)

Jacksonville, FL 32224

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.

Joel Chamberlain
Signature of a member or authorized representative of a member

JOEL CHAMBERLAIN
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.

Joel Chamberlain
Signature of Registered Agent

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

FILING FEE: \$25.00