

L12000150929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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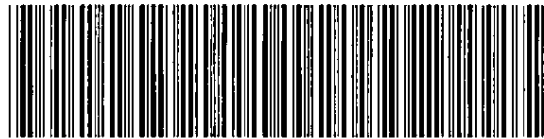
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ogon Arts, 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:

Glenn Ziemba Edwards

Name of Person

Ogon Arts, LLC

Firm/Company

10190 Sweetgrass Cir Unit 407

Address

Naples, FL 34104

City/State and Zip Code

ogonarts@gmail.com

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

For further information concerning this matter, please call:

Glenn Ziemba Edwards

Name of Person

239

238-2084

at (_____) _____

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Ogon Arts, LLC

2. (a) Ogon Arts, LLC (b) Ogon Arts, LLC

Principal office address of limited liability company:

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

10190 Sweetgrass Cir Unit 407

Naples, FL 34104

Mailing address of limited liability company:

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

10190 Sweetgrass Cir Unit 407

Naples, FL 34104

11/30/2012

L12000150929

3. Date of filing/registration in Florida

4. Document number

5. (a) Glenn Ziemba Edwards

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

Ogon Arts, LLC

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

10190 Sweetgrass Cir Unit 408

Naples, FL 34104

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

Ogon Arts, LLC

NEW Registered Office Address:

10190 Sweetgrass Cir Unit 407

Naples, FL 34104

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 of a member or authorized representative of a member

Glenn Ziemba Edwards

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 of Registered Agent

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