

L13000007012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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J. Shivers OCT 02 2013

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2013

LOIS FREDRICKS
1501 ROBERT J CONLAN BLVD #170
PALM BAY, FL 32905

SUBJECT: FURNITURE IN A BOX OF FLORIDA LLC
Ref. Number: L13000007012

We have received your document for FURNITURE IN A BOX OF FLORIDA 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):

Please list the new registered agent in section 5(b).

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 413A00022068

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **FURNITURE IN A BOX OF FLORIDA 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:

LOIS A FREDRICKS

Name of Person

LOIS A FREDRICKS INC

Firm/Company

1501 ROBERT J CONLAN BLVD #170

Address

PALM BAY, FL., 32905

City/State and Zip Code

LOIS@LFREDRICKS.COM

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

For further information concerning this matter, please call:

LOIS A FREDRICKS at (**321**) **308-0660**

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 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: FURNITURE IN A BOX OF FLORIDA LLC

2. (a) Principal office address of limited liability company: 1501 ROBERT J CONLAN BLVD #170
(Note: MUST BE STREET ADDRESS) PALM BAY, FL., 32905

(b) Mailing address of limited liability company: 1501 ROBERT J CONLAN BLVD #170
(Note: MAY BE POST OFFICE BOX) PALM BAY, FL., 32905

01/14/2013

L13000007012

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: LOIS A FREDRICKS

Registered Office Address: 1501 ROBERT J CONLAN BLVD #170
PALM BAY, FL., 32905

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

NEW Registered Agent: Lois A. Fredricks

NEW Registered Office Address: 1501 Robert J Conlan Blvd #170
(MUST BE FLORIDA STREET ADDRESS) Palm Bay FL
,FL 32905

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.

Lois A. Fredricks
Signature of a member or authorized representative of a member

LOIS A FREDRICKS
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.

Lois A. Fredricks
Signature of Registered Agent

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

FILING FEE: \$25.00