

L13000035308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

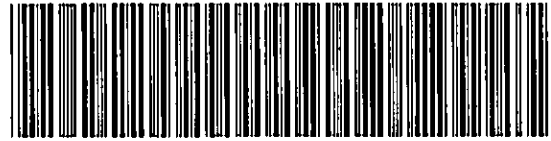
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2018 OCT 15 AM 9:54

12-4-18
LTB

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PAPERS SERVICES 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:

ROSA ALICIA COLINDRES

Name of Person

PAPERS SERVICES LLC

Firm/Company

752 S. Bluford Avenue

Address

Ocoee, FL 34761

City/State and Zip Code

PAPERSSERVICES@YAHOO.COM

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

For further information concerning this matter, please call:

ALICIA COLINDRES

407

395-9571

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 23, 2018

Rosa Alicia Colindres
Papers Services, LLC
752 S. Bluford Ave.
Ocoee, FL 34761

SUBJECT: PAPERS SERVICES, LLC
Ref. Number: L13000035308

We have received your document for PAPERS SERVICES, 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 designation of the registered agent must be at a Florida street address.

A post office box is not an acceptable address for the registered agent.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Lyn Shoffstall
Bureau Chief

Letter Number: 218A00021783

**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.

PAPERS SERVICES LLC

1. Name of the limited liability company: PAPERS SERVICES LLC
2. (a) 2004 S. COUNTRYSIDE CIRCLE (b) P.O. BOX 547396, ORLANDO, FL 32854

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

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

03/07/2013

L13000035308

3. Date of filing/registration in Florida

4. Document number

ROSA ALICIA COLINDRES

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

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
752 S. BLUFORD AVENUE

OCOE, FL 34761

2004 S. COUNTRYSIDE CIRCLE, ORLANDO, FL 32804

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

NEW Registered Office Address:

2004 S. COUNTRYSIDE CIRCLE

ORLANDO, FL 32804

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.

Rosa Alicia Colindres
Signature of a member or authorized representative of a member

ROSA ALICIA COLINDRES

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.

Rosa Alicia Colindres
Signature of Registered Agent

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

FILING FEE: \$25.00

FILED
2018 DEC -4 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FL