

L130000 36151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

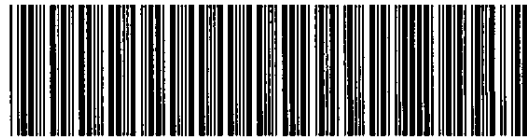
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2014 MAR 12 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 19, 2014

JAMES DIMOS
11244 LITTLE NELLE DRIVE
CLERMONT, FL 34711

SUBJECT: ACADEMIC PROPERTIES LLC
Ref. Number: L13000036151

We have received your document for ACADEMIC PROPERTIES 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):

Only one person can be listed as Registered agent.

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.

Agnes Lunt
Regulatory Specialist II

Letter Number: 114A00003799

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Academic Properties 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:

James or Lois Dimos
Name of Person

Academic Properties LLC
Firm/Company

11244 Little Nellie Dr
Address

Clermont, FL 34711
City/State and Zip Code

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

For further information concerning this matter, please call:

James or Lois Dimos at (352) 432-5737
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

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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 Properties LLC
2. (a) Principal office address of limited liability company: 11244 Little Nellie Dr
Clermont, FL 34711
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 11244 Little Nellie Dr
Clermont, FL 34711
(Note: **MAY BE POST OFFICE BOX**)
3. Date of filing/registration in Florida: 3/11/2013
4. Document number: L1300003615
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Agent: USA-RA LLC
Registered Office Address: 841 Prudential Dr
12th Floor
Jacksonville, FL 32207
- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
NEW Registered Agent: ~~HTD~~ LOIS DIMOS
NEW Registered Office Address: 11244 Little Nellie Dr
Clermont, FL 34711
(**MUST BE FLORIDA STREET ADDRESS**)

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 H. DIMOS
Signature of a member or authorized representative of a member

LOIS H DIMOS
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.

LOIS H DIMOS
Signature of Registered Agent

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

FILING FEE: \$25.00