

LB0000 39894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

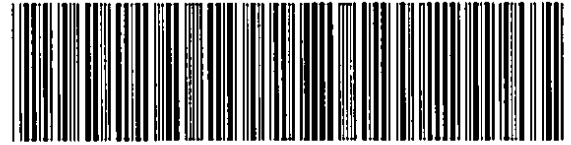
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/10/19--01027--009 **25.00

JUN 22 2019
S. YOUNG

FILED
JUN 10 PM 1:50
JUN 10 2019

MyCorporation

26025 Mureau Road, Suite 120
Calabasas, CA 91302

Toll-Free: 888-692-6778 | Fax: 818-879-8005
Email: customerservice@mycorporation.com

ROUTINE SERVICE FILING REQUEST

Wednesday, June 05, 2019

Division of Corporations
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: *Hycamore Concierge*

Ladies and Gentlemen:

Please find enclosed for filing REGISTERED AGENT CHANGES for the above referenced company.

Enclosed is a check for the appropriate filing amount.

Thank you for your assistance.

Sincerely,

MyCorporation
Attn: Fulfillment Dept.
26025 Mureau Road, Suite 120
Calabasas, CA 91302

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SYCAMORE CONCIERGE 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:

MYCORPORATION

Name of Person

MYCORPORATION

Firm/Company

26025 MUREAU ROAD SUITE 120

Address

CALABASAS, CA 91302

City/State and Zip Code

PROCESSING@MYCORPORATION.COM

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

For further information concerning this matter, please call:

PROCESSING

at (877) 692-6772

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 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: SYCAMORE CONCIERGE LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

5667 N Springboro Rd

5667 N Springboro Rd

Brookston, IN 47923

Brookston, IN 47923

03/15/2013

L13000039894

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:

MyCorporation Business Services, Inc.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2455 Hollywood Boulevard PSN #316

Hollywood, FL 33020

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

Legalinc Corporate Services Inc.

NEW Registered Office Address:

5237 Summerlin Commons Suite 400

Fort Myers, FL 33907

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.

Allen P Furrer

Signature of a member or authorized representative of a member

Allen P Furrer

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 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.

Dana Case, Manager

Signature of Registered Agent

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

FILING FEE: \$25.00