

L13000040230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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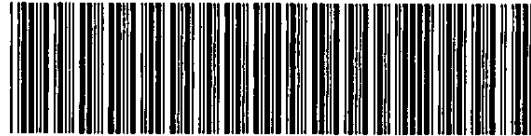
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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SEP 27 2013

T. WILSON



BRIDGEWATER PLACE • POST OFFICE BOX 352
GRAND RAPIDS, MICHIGAN 49501-0352

TELEPHONE 616/336-6000 • FAX 616/336-7000 • WWW.VARNUMLAW.COM

RUTH E. REICKARD

DIRECT DIAL 616/336-6802
E-MAIL: rereickard@varnumlaw.com

September 11, 2013

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

Re: Statement of Change of Agent/Address

Dear Sir/Madam:

Enclosed in duplicate for filing is a Statement of Change of Registered Office and Registered Agent or Both for Kanadiana Enterprises, LLC. Also enclosed is our check in the amount of \$25.00 for filing fees.

Finally, a Business Reply Envelope is enclosed for your convenience in returning a copy of the filed document to me.

Thank you for your attention to this matter. If you have any questions, please feel free to call me toll free at 1-800-262-0011.

Sincerely,

Ruth E. Reickard
Legal Assistant

Enclosures



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
13 SEP 26 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 17, 2013

RUTH E. REICKARD, LEGAL ASSISTANT
VARNUM ATTORNEYS AT LAW
PO BOX 352
GRAND RAPIDS, MI 49501-0352

SUBJECT: KANADIANA ENTERPRISES, LLC
Ref. Number: L13000040230

We have received your document for KANADIANA ENTERPRISES, 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 registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Joey Bryan
Regulatory Specialist II

Letter Number: 813A00021794

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: KANADIANA ENTERPRISES, LLC

2. (a) Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

6701 AVENUE A, UNIT 8
SARASOTA, FL 34231

(b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

6701 AVENUE A, UNIT 8
SARASOTA, FL 34231

MARCH 15, 2013

3. Date of filing/registration in Florida

L13000040230

4. Document number

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

Registered Agent:

WESLEY MACALLISTER

Registered Office Address:

211 N. TAMiami TRAIL
SARASOTA, FL 34236

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

NEW Registered Agent:

ALAN M. ORAVEC

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

6701 AVENUE A, UNIT 8
SARASOTA, FL 34231

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

WESLEY MACALLISTER

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 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.


Signature of Registered Agent

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

FILING FEE: \$25.00

TNHS18 (05/08)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 SEP 26 PM 3:29

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