

113 00000 58280

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

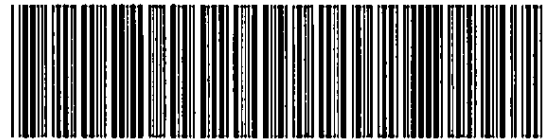
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2020

KEITH D. LINGER
221 N. HOGAN ST, #405
JACKSONVILLE, FL 32202

SUBJECT: WHISPERING PINES MHP, LLC
Ref. Number: L13000058280

We have received your document and check(s) totaling \$195.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 920A00011008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WHISPERING PINES MHP, 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:

Keith D. Lenger

Name of Person

Firm/Company

221 N. Hogan St, #405

Address

Jacksonville, FL 32202

City/State and Zip Code

keithlenger@gmail.com

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

For further information concerning this matter, please call:

Keith D. Lenger

904

651-3292

at (_____)

Name of Person

Area Code & Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: WHISPERING PINES MHP, LLC

2. (a) 221 N. Hogan St, #401 (b) 221 N. Hogan St, #401

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Jacksonville, FL 32202

Jacksonville, FL 32202

04/22/2013

L13000058280

3. Date of filing/registration in Florida

4. Document number

5. (a) KP Law Group, PLLC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

100 N Laura St, 801

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

Jacksonville

FL 32202

(b) Kieth D. Lenger

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

221 N. Hogan St., #405

NEW Registered Office Address:

Jacksonville

FL 32202

7/30 DEC 13 PM 5:10

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

Keith D. Lenger

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.

Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00