L13000078149

(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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C. LEVIS
JUN 25 2014
EXAMPLER

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: Mayo Lamily Properties, LLC					
DOCUMENT NUMBER: 1 30000 781 49					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Donald or Oleen Mayo Name of Contact Person					
mayo Jamily Properties					
812 Williams Ditch Rd.					
Cantonment Al 32533 City/State and Zip Code					
Oleen mayo 2/14@ a mail. Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Name of Contact Person at (850) 968-2114 Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Amendment Section Street Address: Amendment Section					

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

CR2E045 (03/12)



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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 6, 2014

DONALD MAYO / MAYO FAMILY PROPERTIES LLC 812 WILLIAMS DITCH RD CANTONMENT, FL 32533 US

SUBJECT: MAYO FAMILY PROPERTIES, LLC

Ref. Number: L13000078149

We have received your document for MAYO FAMILY PROPERTIES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 514A00012254

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Mayo Family P Name of Limit	noperties JJC red Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to	o the following:			
Donald or Oleen May	3)			
Mayo Jamily Properties	2,116			
8/2 Williams Ditch Rd. Address				
Cantonment, £1 32533 City/State and Zip Code				
Die en Mayo 2114 @ a mail. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Sonald or Oloen Maryo at (8) Name of Person	50) 968-2114 Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314			
Taliahassee, Florida 32301				
Enclosed is a check for the following amount:				

☐ \$55 Filing Fee & Certified Copy

□ \$25 Filing Fee

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. Nan	ne of the limited liability company:	tamily Pr	operties LAC	
	8/2 Williams Dilch Rd. Principal office address of limited liability company:	T	Mailing address of limited liab	bility company:
	(Note: MUST BE STREET ADDRESS)	0.	(Note: MAY BE POST OF	FICE BOX)
-	Al 32533		antoninent	
-	Ar 28305		32533	
	5-30-2013	<u> 113</u>	0000 78149	<u>, </u>
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Liffany Sullivan Mooro, Hill- Registered Agent and Registered Office shown on the records of	Hulastrioral the Florida Dept. of S	land, P. A. tate:	
,	Dinth Hoor Sun Trust Registered Office Address (MUST BE FLORIDA STREET)	Tomes)		
_	220 West Garden Street			TA SE
-	Pensacola, Il 32502, FL	32502	<u></u>	Je Signal
<i>a</i> >	00			2 miles
(b) _	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		고 ####################################
_			_	1:59
1	NEW Registered Office Address:			
-	812 Williams Ditch Rd.			
_	Cantonment, ,FL	Al 3253	3_	
the chang agent wil was/were	nited liability company is not organized under the law ge or changes are made, the Florida street address of Il be identical. Or, in the case of a Florida limited line a authorized by an affirmative vote of the members of les of organization or the operating agreement of the	the registered off ability company, i of the limited liabi	ice and the business office t is hereby confirmed that the lity company or as otherwi	of the registered the change(s)
Signatur	re of a member or authofized representative of a member	<u>Ole</u>	Printed or typed name of sig	
I hereby provision the obliga to merely	e of a memoer of authorized representative of a memoer of accept the appointment as registered agent and agrees of all statutes relative to the proper and complete that it is a provided at the proper and complete that it is a provided and the property of			
Signature	of Registered Agent			