

L13000114762

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

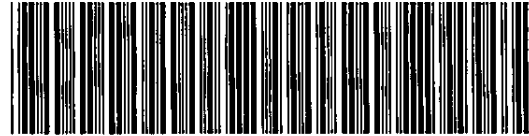
(Business Entity Name)

(Document Number)

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14 AUG 21 AM 10:06  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

C. LEWIS  
Sept 8 2014  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 19, 2014

RICHARD OEHLER / GINA BYRD CPA  
7 N. VERNON AVE.  
KISSIMMEE, FL 34741 US

SUBJECT: 5348 LONESOME DOVE DR., LLC  
Ref. Number: L13000114762

We have received your document for 5348 LONESOME DOVE DR., 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):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 314A00017823

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 5348 Lonesome Dove Dr. 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:

Richard Oehler, Jr.  
Name of Person

Gina Byrd, CPA  
Firm/Company

7 N. Vernon Ave.  
Address

Kissimmee, FL 34741  
City/State and Zip Code

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

For further information concerning this matter, please call:

Richard Oehler, Jr. at (407) 624-4662  
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: 5348 Lonesome Dove Dr., LLC

2. (a) 1431a W San Bernardino Rd. (b) 1431a W San Bernardino Rd.  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Covina, CA 91722 Covina, CA 91722

3. 8/14/2013 4. 13000114762  
Date of filing/registration in Florida Document number

5. (a) United States Corp Agents, Inc.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 Winding Oak Court A  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tampa FL 33612

(b) Gina Byrd, CPA  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

7 N. Vernon Ave.  
NEW Registered Office Address:

Kissimmee FL 34741

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] Jennifer Contreras  
Signature of a member or authorized representative of a member 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 603, 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.

RICHARD CONTRERAS  
Signature of Registered Agent

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

14 AUG 21 AM 10:04  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS